



# Teacher Resource Guide

## 3. Risk Management and Incident Reporting



## TEACHER GUIDE

### Materials

- Television
- VCR
- Overhead projector
- Or
- LCD projector and computer with Powerpoint software
- DSP TV video, Year 1
- Chart paper
- Colored markers
- Masking tape

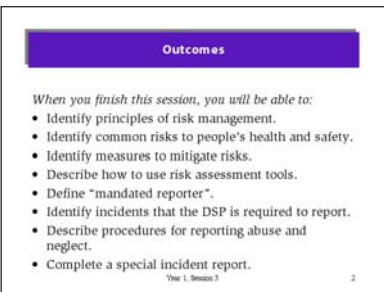
### Review Practice and Share, Session 2

- Remind students of the assignment: Find out where the Lanterman Act rights are posted in the home in which you work. Talk to an individual who you support about their rights. Find out what they know and what they still need to learn. Think of ideas for helping the individual learn more about their rights.
- Ask for volunteers who would like to share what they learned.
- **Show Overhead #1: Risk Management: Principles and Incident Reporting**



### Outcomes

- **Show Overhead #2: Outcomes.**
- Review outcomes for the session.



### Key Words

- Review key words for the session.

## Student Resource Guide: SESSION 3

## Risk Management and Incident Reporting

## OUTCOMES

- When you have finished this session you will be able to:
- ▶ Identify principles of risk management.
  - ▶ Identify common risks to individuals' health and safety.
  - ▶ Identify measures to mitigate risks.
  - ▶ Describe how to use risk assessment tools.
  - ▶ Define "mandated reporter."
  - ▶ Identify incidents that the DSP is required to report.
  - ▶ Describe procedures for reporting abuse and neglect.
  - ▶ Complete a special incident report.

## KEY WORDS

**Incident reporting:** By law and regulation, the DSP is required to report certain events to regional centers, Community Care Licensing and/or protective services agencies.

**Mandated Reporter:** Any person, paid or unpaid, who has assumed full- or part-time responsibility for the care or custody of an elder or dependent adult. DSPs are mandated reporters.

**Mitigate:** To lessen the effects of risks.

**Risk Management:** A term given to a set of practices that lead to minimizing possible harm to individuals.

## Opening Scenario

Madeline is a 24-year-old woman. When she was 8 years old her mother died of breast cancer, and she sees her father infrequently since he lives in another state. Maddy, as she is called, does not speak but uses gestures and shakes her head for "no" and "yes." Maddy has good skills in many areas. She is artistic and loves to dance. She is very aware of her appearance and takes time to look her best. Maddy is a friendly young woman and is always eager to meet new people. While this is a positive trait, it also has caused some problems; for example, at times she has given her money to strangers.

Maddy had a serious accident when she was younger and is usually very cautious in everything she does. She has a history of seizures, especially when she gets hot. She loves to walk in her neighborhood and rides public transit, but occasionally needs support to remember routes.

Kella, one of the DSPs supporting Maddy and her roommate, has been in this position for two years. Kella believes strongly in facilitating Maddy's independence and supporting her choices, but also worries that Maddy might make some poor choices or put herself in risky situations.

## TEACHER GUIDE

### Risk Management – Prevention is the #1 Priority

- The DSPs role in risk management is to actively promote practices that will keep people safe.
- Purpose of risk management is to anticipate potential risks and develop individualized strategies to reduce the risk.
- **Show Overheads # 3 and #4: Principles of Risk Management.** Review principles and what each one means.
  1. Prevention of serious incidents is the number one priority.
  2. Creation and maintenance of safe environments is everyone's responsibility.
  3. Open communication is key to prevention.
  4. All who are required to report incidents, including DSPs, are competent to respond to, report and document incidents in a timely and accurate manner.
  5. Ongoing identification, assessment and planning for both potential risks and actual occurrences is essential to the development of sound, person-centered strategies to prevent or mitigate serious incidents.
  6. Safety starts with those who work most closely with people receiving supports and services.
- Remember: Prevention is the number one priority!

Principles of Risk Management

- Prevention of serious incidents is the number one priority.
- Creation and maintenance of safe environments is everyone's responsibility.
- Open communication is key to prevention.

Year 1, Session 33

Principles of Risk Management

4. All who are required to report incidents, including DSPs, are competent to respond to, report, and document incidents in a timely and accurate manner.
5. Ongoing identification, assessment, and planning for both potential risks and actual occurrences is essential to the development of sound, person-centered strategies to prevent or mitigate serious incidents.
6. Safety starts with those who work most closely with individuals receiving support and services.

Year 1, Session 34

A blank copy for the DSPs use is available in Appendix 3-A.

## Risk Management—Prevention Is the #1 Priority

**T**he role of the DSP in **risk management** is to actively promote practices that will keep individuals safe. Whenever possible, you want to anticipate risks that may exist for individuals and prevent them from happening.

Risk management is something that, even now, you do every day. For example, when you get in a car, you put on your safety belt because you know that this will reasonably reduce your risk of injury or death in case of an accident. The whole purpose of risk management is to anticipate potential risks and develop individualized strategies to reduce the risk. The following principles are basic to your practice of risk management.

### 1. Prevention of serious incidents is the number one priority.

The best possible risk management strategy is to anticipate risks and prevent them from happening. As a DSP, your first priority is to prevent injury or harm to individuals you support and to protect them from abuse, neglect, and exploitation.

### 2. Creation and maintenance of safe environments is everyone's responsibility.

We are all responsible for looking out for risks and making environments safer. If you see a rake left where someone could trip over it, put it away. If there is water on the floor that might cause someone to slip, wipe it up. Again, you need to anticipate risks and prevent accidents from happening.

### 3. Open communication is key to prevention.

Open communication and sharing of information is key to identifying risks and ensuring safety. *Everyone*, the individual,

family, and all members of the planning team, including the DSP, may have important information about potential risks and how to address them.

### 4. All who are required to report incidents, including DSPs, are competent to respond to, report, and document incidents in a timely and accurate manner.

DSPs, as well as regional center staff and others who witness or learn about an incident, must report it accurately and in a timely manner. In this session, you will learn what to report, how to report it, to whom, and by when it must be reported. You will also learn about your responsibilities as a “mandated reporter.”

### 5. Ongoing identification, assessment, and planning for both potential risks and actual occurrences is essential to the development of sound, person-centered strategies to prevent or *mitigate* serious incidents.

Risk management is a never-ending process of identification, assessment planning, and evaluation of results.

### 6. Safety starts with those who work most closely with individuals receiving support and services.

In your role as a DSP, you work day-to-day, hour-to-hour, minute-to-minute with individuals with developmental disabilities. You see things first and are in a position to anticipate risks early, before an accident or injury occurs. You have a unique responsibility in supporting quality of life for individuals and ensuring their health and safety. **Remember: Prevention is the number one priority!**

## TEACHER GUIDE

### Identifying Risk

- Risk is a part of all of our everyday lives.
- We already practice risk management in our own lives daily.
- Ask students to give examples of risks that occur in their lives. Each of the risks they mention falls under one of the following categories.
- **Show Overhead #5: Types of Risk**
- As you review each type of risk, ask students for examples of that type of risk that they have encountered in their work supporting individuals. What did they do as a result of that risk?
  - Health Risks: For example, *existing health issues and family history*
  - Daily Living: For example, *difficulty swallowing or lack of mobility.*
  - Behavior Challenges: For example, *aggressive behavior.*
  - Environmental Risks: For example, *faulty electrical wiring and broken seat belts.*
  - Risks Resulting from Lifestyle Choices: For example, *smoking and practicing unsafe sex.*
- They will hear a lot about “mitigating” risks in this chapter. To “mitigate” risk simply means to lessen the effects of a risk.



## Identifying Risk

**R**isk is a normal part of our lives. Many situations involve a certain amount of risk; for example, deciding whether or not to bring an umbrella in the morning because if it rains, you might get wet. You can't do anything about the weather, but you can anticipate it and protect yourself. In deciding, you could watch the TV weather report, read the paper, or go on the Internet to find out weather predictions for the day. Based on this information, you could decide whether or not you need to carry an umbrella. The fact is, we already practice risk management in our own lives.

Let's talk about the types of risks—including health risks—related to functional abilities, challenging behavior, environmental risks, and lifestyle choices that DSPs may identify in the lives of individuals they support.

### Health Risks

If you were told that you had diabetes, you would most likely do everything you could to learn about the disease and its treatment and take whatever steps necessary to minimize the effects or risks associated with it. You would probably check your blood sugar regularly, watch your diet, and follow doctor's orders.

In this example, you identified a health risk and then took actions to mitigate that risk. To “**mitigate**” risk means to lessen its effects. You may not be able to totally prevent a risk, but you can lessen its effects and improve an individual's quality of life. The individual's planning team is always a good resource in planning health-related risk prevention and mitigation strategies to protect the individual.

### Daily Living

An individual may be at increased risk related to daily living skills. For example,

an individual may be at increased risk because of difficulty swallowing, lack of mobility, inability to transfer, or other functional challenges. Once again, the individual's planning team is a good resource in planning risk prevention and mitigation strategies to protect the individual.

### Behavior Challenges

An individual might be at an increased risk because of aggressive behavior where he or she might cause injury to themselves or to others.

### Environmental Risks

If you find that your home has faulty electrical wiring, and the circuit breakers are blowing daily, you should get it repaired immediately. If the smoke detector has been disconnected because it sounds every time you cook, you need to reconnect it or relocate it immediately. Icy walks, broken seat belts, lack of handrails, and many other environmental conditions are all opportunities to practice risk management, either by preventing or mitigating the risk.

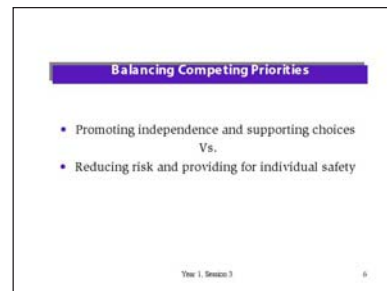
### Risks Resulting from Lifestyle Choices

Risk can be greatly increased or decreased by certain lifestyle choices. High-risk behaviors such as driving in heavy traffic, riding a bicycle without a helmet, or walking alone in unfamiliar neighborhoods after dark are lifestyle choices. Practicing unsafe sex carries a high risk. Alcohol and drug abuse are other examples of lifestyle choices that increase an individual's risk. Once again, risks associated with these activities may be either prevented or mitigated through the application of risk management practices.

## TEACHER GUIDE

### Supporting Individuals in the Exercise and Rights of Responsibilities

- **Show Overhead #6: Balancing Competing Priorities.**
- DSP must balance competing priorities
  - Promoting independence and supporting choices.
  - Reducing risk and providing for individual safety.
- Review the second paragraph and use smoking as an example to demonstrate times when it becomes necessary to balance competing priorities.
- DSPs should not have to make these difficult choices alone.
- Whenever a situation arises where an individual's lifestyle choices (or prospective choices) create risks in his or her life, the individual's planning team should be consulted to help resolve the dilemma and develop a plan for you to follow.
- Situations usually involve a complex set of issues that are best resolved with the benefit of other's expertise and points of view.



### Risk Assessment and Planning

- Once a risk is identified, the next step is to gather more information about the risk and develop a plan to mitigate the risk. This step is called risk assessment and planning.
- Components of Risk Management:
  - Risk identification
  - Assessment
  - Planning



## Supporting Individuals in the Exercise of Rights and Responsibilities



As a DSP you may sometimes find yourself in a situation where you must balance competing priorities. You have just learned that “Prevention is the Number #1 Priority!” You have also learned that individuals have a right to make choices about their lives. So what do you do when an individual wants to do something that you think is risky? As a DSP, you must find a way to both promote independence and support choices while working to reduce risk and provide for individual safety. This is a challenging task, and one that you should not do alone. Whenever a situation arises where an individual’s lifestyle choices (or prospective choices) create risks in his or her life, the planning team for that individual should be enlisted to help resolve the dilemma and develop a plan for you to follow.

Smoking is a good example of a lifestyle choice that creates a risk for the individual. An individual you support wants to start smoking. You know that smoking is associated with increased risk of lung cancer and a host of other illnesses, some life threatening, but you also know that part of your job is to support individual choice. In this situation, while you can assist the individual by providing him or her with information about the risks of smoking, you should seek out the

assistance of the planning team for the individual in making his or her decision. Situations such as this include a complex set of issues that are best resolved with the benefit of others’ expertise and sharing of points of view.

A decision to smoke creates environmental risks as well. Second-hand smoke creates a health risk for others, and smoking can increase the risk of fire. In this scenario, part of your role will be to make the individual aware of the responsibilities that come with his or her choice; for example, keeping the smoke away from those who do not wish to breathe it and smoking in a way that reduces the risk of fire.

Remember, the role of the DSP in risk management is to **actively** promote practices that will keep individuals safe. Whenever possible, you want to anticipate risks that may exist for individuals and prevent them from happening. In the above situation, if the individual chooses to smoke, you will not be able to prevent the risk, but you can work with the individual and his or her planning team to take steps to mitigate, or lessen, risk to the individual (and others). In this way you have followed both priorities—you have supported an individual’s choice while reducing the risk of harm.

## Risk Assessment and Planning



Once you have identified a risk, the next step is to gather more information about that risk and develop a plan to mitigate the risk. This is called risk assessment and planning.

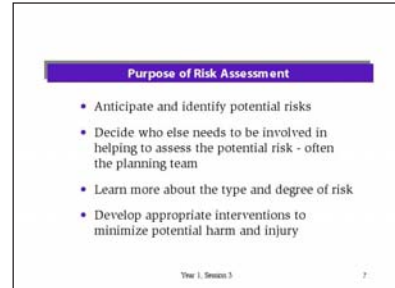
Risk identification, assessment, and planning are all com-

ponents of risk management that, as we said previously, you do every day. When something happens and you ask yourself, “What happened?” “Why did it happen?” “Has it happened before?” “How often?” “Who was involved?” “What did others observe or do?” you are doing risk assessment.

## TEACHER GUIDE

**Risk Assessment and Planning (continued)**

- **Show Overhead #7: Purpose of Risk Assessment** and review the purpose:
  - Anticipate and identify potential risks.
  - Decide who else needs to be involved in helping to assess the potential risk – often the planning team.
  - Learn more about the type and degree of risks.
  - Develop appropriate interventions to minimize potential harm and injury.
- When assessing degree of risk, DSPs should consider such things as:
  - Significant changes in overall status of the individual.
  - Multiple health problems.
  - Challenging behaviors that have resulted in injury or pose a threat of injury.
  - Change in nutrition status.
  - Environmental factors.
- Discuss the example of a risk identification, assessment and planning process in the box on S-5. Read the scenario aloud and ask the students to identify the potential risks.



## Risk Assessment and Planning (continued)

When you start to think about the future and how to prevent an incident from happening again, you are doing risk management planning. You might ask “What can I do to prevent it from happening again?” or if it has happened before, “What did I do last time and did it work?” “Who else do I need to get help from?” “Is this something that the planning team needs to help with?” This last question is important, especially for those individuals who are at increased risk because of multiple health problems or who have challenging behaviors that put themselves or others at risk. And lastly, “What is my next step?”

As a DSP, you have continuous opportunities to do risk assessment and develop and implement risk prevention and mitigation strategies to ensure safety.

The purpose of any risk assessment process is to:

- ▶ Anticipate and identify potential risks.
- ▶ Decide who else needs to be involved in helping to assess the potential risk—often the planning team.
- ▶ Learn more about the type and degree of risk(s).
- ▶ Develop appropriate interventions to minimize potential harm and injury.

An intervention is a strategy that DSPs use to prevent or mitigate a potential (or real) risk. Sometimes an intervention is as simple as moving the rake, as in the previous example. Other times the plan is more complicated and must be discussed with everyone involved in supporting the individual, as well as written down, or documented. Interventions may involve one or more steps, be immediate, or be implemented over time.

When assessing the degree of risk, DSPs should consider such things as:

- ▶ Significant changes in the overall status of the individual.

- ▶ Multiple health problems.
- ▶ Challenging behaviors that have resulted in injury or pose a threat of injury.
- ▶ Change in nutrition status.
- ▶ Environmental factors.

### Example of Risk Identification, Assessment, and Planning

John has the potential to get lost if he gets into large crowds such as those at fairgrounds or arenas. Staff reports that when John feels stressed, he often bangs his forehead hard enough to cause himself injury. They feel that getting lost would be highly stressful for him. At his last physician visit, the doctor warned that if he bangs his forehead many more times, there is a high probability that he will lose his eyesight.

### Identification of Risks

- John has the potential to get lost if he gets into large crowds such as those at fairgrounds or arenas. This causes a great deal of stress for John.
- John bangs his forehead when he is stressed. John will lose his eyesight if he bangs his forehead many more times.

The planning team, including the staff from his home, developed the following **risk mitigation plan**:

1. Over the next four weeks, staff will teach John to use a cell phone so that if he is lost he can call for help.
2. Staff will ensure he takes a cell phone on outings.
3. Staff will maintain one-on-one contact with John at all crowded events.
4. Staff will ensure that he wears his lime green florescent jacket with an information card in his pocket that lists who to notify if he is lost and becomes confused.

**TEACHER GUIDE****Using A Risk Assessment Tool**

- Identifying, assessing and planning to prevent and/or mitigate risk often takes a team effort.
- DSPs, working individually or in teams, may want to use an assessment tool such as the sample Risk Assessment Worksheet provided.
- The worksheet can be used to conduct risk management activities.
- It is not necessary to use the worksheet for every individual, but it may be helpful to document what you have done and share it with others.
- The worksheet can be used to used to Risk Assessment Worksheet can be used to:
  - Identify and describe potential risks.
  - Identify information important for the planning team.
  - Plan intervention strategies to prevent or mitigate risk.
  - Identify the need for an evaluation by a specialist.
  - Identify the need for special equipment or structural adaptations.
  - Determine what kinds of additional services and supports may be needed.
  - Document the plan.
  - Monitor the results.

## Using a Risk Assessment Tool

Identifying, assessing, and planning to prevent and/or mitigate risk often takes a team effort. DSPs, working individually or in teams, may want to use an assessment tool such as the sample Risk Assessment Worksheet provided. On this worksheet the DSP simply lists identified risks and suggestions or plans for minimizing risk. DSPs can use this

worksheet as a guide for conducting risk management activities. It will help you to document what you have done and to share with others, including the planning team.

This is a reduced example of the Risk Assessment Worksheet. A full copy follows for use with the activity, and a blank worksheet is in Appendix 3-A.

### Risk Assessment Worksheet

Description of Risk*	Plans to Manage Risk

\* Remember to think about the individual's health, behavior, daily living skills, environment, and lifestyle choices.

The worksheet can be used to:

- Identify and describe potential risks.
- Identify information important for the planning team.
- Plan intervention strategies to prevent or mitigate risk.
- Identify the need for an evaluation by a specialist.
- Identify the need for special equipment or structural adaptations.
- Determine what kinds of additional services and supports may be needed.
- Document the plan.
- Monitor the results.

## TEACHER GUIDE

### Activity

#### Identifying Risks and Planning to Prevent or Mitigate Risk

- Groupings: individual, pairs, small groups, large groups.
- Read the directions aloud.
- Read the scenario aloud or ask students to read it silently.
- Discuss possible risks and plans to manage the risk. Read the first example aloud.
- Other example: *Diego's gait is unsteady when he's tired and so you need to plan for places and times for rest breaks during the music festival.*

*This blank Risk Assessment Worksheet in Appendix 3-A is for you to copy and use for individuals who you support.*

## ACTIVITY

### Identifying Risks and Planning to Prevent or Mitigate Risk

*Directions: Using the following scenario, consider what risks need to be addressed by the DSP. As you listen, consider ways to minimize those risks.*

Diego is in his mid-30s and has few skills. He has a great smile and enjoys watching people. He makes it known when he likes something by smiling and squealing in delight. It is just as obvious when he does not like something as he will cry and scream. He can eat without assistance, but cannot take care of his toileting needs by himself. He enjoys walking with staff, but his gait is unsteady when he is tired, and he sometimes trips. Diego also enjoys car rides, especially if a trip includes a stop at the Dairy Queen. He goes to an activity center but is usually bored and spends a lot of time just sitting. His favorite activity at the center is music therapy, and he loves to hit his hand on a table in time to the music and can listen for quite a long time, especially if the music is loud. Diego has asked you to help him plan an outing on the weekend.

You have an idea that he might enjoy a music festival at a local park. These things are usually crowded, the music is loud, and there is usually a lot to eat there.

What problems can we anticipate are potential risks for Diego?

Description of Risk*	Plans to Manage Risk
1. No accessible toilets	1. Check with festival organizers about accessibility of toilets

\* Remember to think about the individual's health, behavior, daily living skills, environment, and lifestyle choices.

## TEACHER GUIDE

### DSP Reporting Requirements

#### General Reporting Requirements

- Sometimes, no matter how careful you are, incidents happen.
- The DSP is required to report incidents when they happen.
- The type of incident will determine which agency to report to, the timeline for reporting, and the form used.
- Agencies that you may report to include:
  - Regional centers – Special Incident Reports
  - Community Care Licensing – Unusual Incident/Injury report
  - Local law enforcement
  - Adult and Child Protective Services –reporting abuse and neglect for dependent adults and children
  - The Ombudsman – reports of abuse for elder and dependent adults living in licensed settings
- While the names and look of the forms may differ, the information required is usually the same.
- The Special Incident Report is usually a good form to use to collect all the information needed. This includes:
  - Review bulleted list on S-9 with the students.
- Reporting responsibility lies with the person who observed the incident, and no supervisor or administrator can stop that person from making a report.
- Check the internal reporting procedures of your facility.



## DSP Incident Reporting Requirements

### General Reporting Requirements

Even with the most conscientious application of risk management principles, regrettably, incidents do happen. When they happen, the DSP is required by law to report these incidents. Depending upon the type of incident, the DSP will report to different agencies, including regional centers, Community Care Licensing, local law enforcement, Adult and Child Protective Services, and the Ombudsman. The timelines for reporting vary depending upon the type of incident as well.

Each county is required to have offices devoted to Adult and Child Protective Services and Ombudsman activities. The Ombudsman receives reports of abuse for elder and dependent adults living in licensed settings such as community care facilities. Adult and Child Protective Services receive reports of abuse and neglect for dependent adults and children, respectively. Each report is investigated, a determination made, and referrals made to appropriate agencies, including law enforcement.

The actual reports are also called by different names. For example, the incident report that goes to regional centers is called a “Special Incident Report.” The report that goes to Community Care Licensing is called the “Unusual Incident/ Injury Report.” (Appendix 3-E) In this training, you will use a sample Community Care Licensing form. Even though other agencies may have different forms, the information that is required is generally the same. It is a good idea to ask the local regional center if they have a Special Incident Report form and to use the regional center form when reporting to the regional center. Many regional centers accept the Community Care Licensing form as long as it is complete. In general, incident reports must include:

- ▶ The name, address, and telephone number of the facility.
- ▶ The date, time, and location of the incident.
- ▶ The name(s) and date(s) of birth of the individuals involved in the incident.
- ▶ A description of the event or incident.
- ▶ If applicable, a description (such as, age, height, weight, occupation, relationship to individual) of the alleged perpetrator of the incident.
- ▶ How individual(s) were affected, including any injuries.
- ▶ The treatment provided for the individual.
- ▶ The name(s) and address(es) of any witness(es) to the incident.
- ▶ The actions taken by the vendor (licensee, DSP, the individual or any other agency or individual) in response to the incident.
- ▶ The law enforcement, licensing, protective services, and/or other agencies or individuals notified of the incident or involved in the incident.
- ▶ If applicable, the family member(s) and/or the individual’s authorized representative who has been contacted and informed of the incident.

The responsibility to report lies with the person who observed or has knowledge of the incident, and no supervisor or administrator can stop that person from making the report. However, internal procedures to facilitate reporting, ensure confidentiality, and apprise administrators of reports are permitted and advisable. It is important that you know any internal procedures that may be used where you work.

**TEACHER GUIDE****General Reporting Requirements (continued)**

- The DSP must report incidents under several different sections of law and regulation, each with their own requirements.
- Pages S-11 through S-14 contain charts with detailed information about reporting requirements for
  - Regional center individuals
  - Individuals living in licensed community care facilities
  - Elderly and dependent adults
  - Children
- Encourage students to “dog-ear” or make note of these pages for future reference.
- DSPs are required to meet ALL reporting requirements.
- DSPs must report to ALL required agencies. Just because you report to one does not clear you of the requirements of another.

**What if We Report Something That Really Didn’t Happen?**

- Stopping or preventing abuse is what is most important.
- It is better to report and be wrong than to have abuse go unchecked.
- By law, you are required to report incidents that have been reported to you or that you observed, or even “suspect.”
- Reporting is not just your legal duty, but also your ethical responsibility as a professional.

## DSP Incident Reporting Requirements (continued)

DSPs must report incidents under several different sections of law and regulation, each establishing different requirements specific to 1) regional center individuals; 2) individuals living in licensed community care facilities; 3) elderly and dependent adults; and, 4) children. The following charts summarize reporting requirements for each of these groups.

You are required to meet *all* reporting requirements. For example, upon reviewing these charts you will see that there are requirements to report abuse to regional centers, Community Care Licensing, Child Protective Services or local law enforcement (for a child), and the Ombudsman or local law enforcement (for an adult). You must meet *all* reporting requirements. Reporting to one does not absolve you of meeting the requirements of another.



### What If You Report Something that Really Didn't Happen?

There is no doubt that reporting can be stressful. You do not want to get anyone in trouble and many times have a very difficult time believing that a person could do such a thing. You may fear reprisal or losing a relationship with another person who has been reported. However, stopping or preventing abuse is what is most important, and you as a DSP have a critical role in that. It is better to report and be wrong, than to have abuse go unchecked.

By law, you are required to report incidents that have been reported to you, that you have observed, or that you may “suspect.” Reporting is not just your legal duty, but your ethical responsibility as a professional.

## TEACHER GUIDE

### Special Incident Reporting to Regional Centers

- DSPs, as staff of regional center vendors (i.e., the home where you work) must report special incidents to the regional center.
- What incidents must be reported?
  - Missing person
  - Suspected abuse/exploitation
  - Suspected neglect
  - A serious injury/accident
  - Any unplanned hospitalization
  - Death of a consumer (i.e. individual)
  - Consumer (i.e. individual) is a crime victim
- Who do you report to?
  - The regional center with case management responsibility and the vendoring regional center, if different.
- When and how do you report?
  - Call or FAX the report immediately but no more than 24 hours after learning of the incident.
  - Submit a written report within 48 hours of the incident.
- Ask if students have any questions.

## Special Incident Reporting to Regional Centers

All regional center vendors (including community care facilities) and vendor staff (including DSPs) must report special incidents to the regional center as follows:

### Special Incident Reporting for Regional Center Vendors and Staff

*California Code of Regulations (CCR), Title 17, Section 54327*

#### What Do I Report?

##### Missing individual.

**Suspected abuse/exploitation** including physical, sexual, fiduciary, emotional/mental, or physical and/or chemical restraint.

**Suspected neglect** including failure to provide medical care for physical or mental health needs; to prevent malnutrition or dehydration; to protect from health and safety hazards; to assist in personal hygiene or provision of food, clothing, or shelter; or to exercise degree of care any reasonable person would exercise.

**A serious injury/accident** including lacerations requiring sutures or staples; puncture wounds requiring medical treatment beyond First Aid; fractures; dislocations; bites that break the skin and require medical treatment beyond First Aid; internal bleeding requiring medical treatment beyond First Aid; any medication errors; medication reactions that require medical treatment beyond First Aid; or burns that require medical treatment beyond First Aid.

**Any unplanned hospitalization** due to respiratory illness; seizure-related occurrences; cardiac-related events; internal infections; diabetes; wound/skin care; nutritional deficiencies; or involuntary psychiatric admission.

##### Death of individual.

**Individual is a crime victim** including robbery; aggravated assault; larceny; burglary; or rape.

#### To Whom Do I Report?

The regional center with case management responsibility for the individual and the vendoring regional center, if different.

#### When and How Do I Report?

Call or fax immediately but no more than *24 hours* after learning of the occurrence

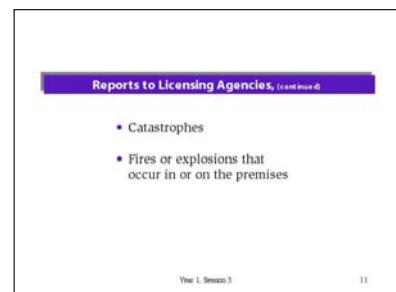
and

Submit a written report within *48 hours* of the occurrence of the incident.

## TEACHER GUIDE

### Special Incident Reporting to Community Care Licensing

- All administrators and staff (DSPs) of community care licensed facilities must report special incidents to their licensing agency.
- **Show Overheads #8, #9 and #10: Reports to Licensing Agencies**
- What incidents must be reported?
  - Death of an individual from any cause
  - Any injury to an individual that requires medical treatment
  - Any unusual incident or absence that threatens the physical or emotional health or safety of an individual
  - Any suspected physical or psychological abuse
  - Epidemic outbreaks
  - Poisonings
  - Catastrophes
  - Fires or explosions that occur in or on the premises.
- Who do you report to?
  - The local Community Care Licensing agency. You can find the phone number for your local Community Care Licensing agency in the State Government Pages (blue pages) of your local telephone book. Look up the California State Department of Social Services and under that is the Community Care Licensing district office for your area.
- When and how do you report?
  - Call within the licensing agency's next working day during its normal business hours.
  - A written report must be submitted within seven days of the incident
- Show Scene #9: Incident Reporting
- Read and discuss questions at end of Scene 9.



### Answers

- Is this a reportable incident? Why? Yes.

## Special Incident Reporting to Community Care Licensing

All Administrators and staff (DSPs) of community care licensed facilities must report special incidents to their licensing agency as follows:

### Special Incident Reporting for Licensed Community Care Facilities

*California Code of Regulations (CCR), Title 22, Section 80061*

#### What Do I Report?

**Death of any individual from any cause.**

**Any injury to any individual that requires medical treatment.**

**Any unusual incident or absence (lack of supervision or safety precaution) that threatens the physical or emotional health or safety of any individual.**

**Any suspected physical or psychological abuse.**

**Epidemic outbreaks.**

**Poisonings.**

**Catastrophes.**

**Fires or explosions that occur in or on the premises.**

#### To Whom Do I Report?

Report to the local Community Care Licensing agency.

#### When and How Do I Report?

Call within the agency's next working day during its normal business hours.

A written report shall be submitted within seven days following the occurrence of the event.

## TEACHER GUIDE

## Reports of Abuse or Neglect Concerning the Elder and Dependent Adults, and Children

- **Show Overhead #11: Who is a mandated reporter?**
- According to Welfare and Institutions Code Section 15630, a mandated reporter is any person, paid or unpaid, who has assumed full- or part-time responsibility for the care or custody of an elder or dependent adult. This includes:
  - Administrators
  - Supervisors
  - Licensed staff of a public or private facility
  - Any elder or dependent adult care custodian (including support and maintenance staff)
  - Health practitioner
  - Employee of a county adult protective services agency or local law enforcement agency.
- In addition, Welfare and Institutions Code Section 15630 (b)(1) defines mandated reporter as anyone who:
  - “...has observed or has knowledge of an incident that reasonably appears to be physical abuse, abandonment, isolation, financial abuse, or neglect, or is told by an elder or dependent adult that he or she has experienced behavior constituting physical abuse, abandonment, isolation, financial abuse, or neglect or reasonably suspects abuse...”
  - **You** are a mandated reporter. That means that, by law, you must report all incidents involving elder and dependent adults, and children for whom you have observed or reasonably suspect abuse or neglect.
  - Adults with developmental disabilities are, by definition, dependent adults.
    - ~ A dependent adult is defined as any person between the ages of 18 and 64, who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities or whose physical or mental abilities have diminished because of age. Elders are those individuals who reside in a 24-hour facility and are at least 65 years old. Welfare and Institutions Code Sections 15610.23 and 15610.27.
- A mandated reporter who fails to report incidents involving elder or dependent adults, and children is subject to monetary fines and jail time.
- What incidents must be reported?
  - Physical abuse
  - Psychological abuse/isolation
  - Financial abuse
  - Neglect
- Who do you report to?
  - The local long-term care Ombudsman (see Appendix 3-B for a listing of the phone numbers)
  - Or
  - The police or sheriff’s department
  - Or
  - Call toll-free to 1-800-231-4024
- When and how do you report?
  - Call immediately or as soon as practicably possible.
  - Follow-up with a written report within two working days.





## Reports of Abuse or Neglect Concerning Children, and Elder and Dependent Adults

As a DSP, you are a **mandated reporter**. By law, you must report all incidents involving elder and dependent adults, and children, for which you have observed or reasonably suspect abuse or neglect. Adults with developmental disabilities are by definition dependent adults. Failure to report incidents involving an elder or dependent adult is a misdemeanor, punishable by not more than six months in jail, by a fine of not more than \$1,000, or both. A mandated reporter who willfully fails to report abuse or neglect of an elder or dependent adult is subject to one year imprisonment and/or a \$5,000 fine. There are similar penalties for failure to report abuse or neglect of children.

As a mandated reporter, you must report incidents as follows:

### Elder and Dependent Adult Abuse Reporting Requirements for Mandated Reporters

*Welfare and Institutions Code (WIC) beginning with 15600*

#### What Do I Report?

**Physical abuse**, such as:

Unusual or recurring scratches; bruises; skin tears; welts; bruises on opposite sides of the body; "wrap-around" bruises. Injuries caused by biting, cutting, pinching, or twisting of limbs; burns; fractures or sprains. Any untreated medical condition. Injuries that are incompatible with the explanation.

**Psychological abuse/isolation.**

**Financial (fiduciary) abuse.**

**Neglect .**

#### To Whom Do I Report?

The local long-term care Ombudsman  
or  
The police or sheriff's department

#### When and How Do I Report?

Call immediately or as soon as practicably possible.  
**and**  
Follow-up with a written report within two working days.

## TEACHER GUIDE

### Child Abuse Reporting Requirements for Mandated Reporters

- What incidents must be reported?
  - A physical injury that is inflicted by anyone other than accidental means on a child by another individual.
  - Sexual abuse, including both sexual assault and sexual exploitation
  - Willful cruelty or unjustifiable punishment
  - Cruel or inhuman corporal punishment or injury
  - Neglect, including both severe and general neglect
  - Abuse (all of the above) in and out of home care
- Who do you report to?
  - Local Department of Social Services, Child Protective Services (see Appendix 3-C for a listing of the phone numbers)
  - And
  - The police or sheriff's department
- When and how do you report?
  - Call immediately or as soon as practicably possible
  - Follow-up with a written report within two working days

## Child Abuse Reporting Requirements for Mandated Reporters

*California Penal Code Sections 11164–11174.4*

### What Do I Report?

**A physical injury that is inflicted by anyone other than accidental means on a child by another individual.**

.....

**Sexual abuse, including both sexual assault and sexual exploitation, such as:**

Child reports sexual activities to a trusted person; detailed and age-inappropriate understanding of sexual behavior for child's age; child wears torn, stained or bloody underclothing; child is victim of other forms of abuse.

.....

**Willful cruelty or unjustifiable punishment.**

.....

**Cruel or inhuman corporal punishment or injury.**

.....

**Neglect, including both severe and general neglect, such as:**

Child lacking adequate medical or dental care; child always sleepy or hungry; child always dirty or inadequately dressed for the weather; evidence of poor supervision; conditions in home are extremely or persistently unsafe or unsanitary.

.....

**Abuse (all of the above) in and out of home care.**

### To Whom Do I Report?

Local Department of Social Services, Child Protective Services,  
and  
police or sheriff's department.

### When and How Do I Report?

Call immediately or as soon as practicably possible.

**and**

Follow-up with a written report within two working days.

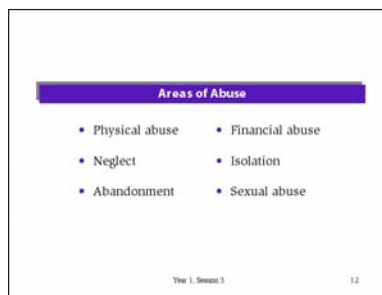
## TEACHER GUIDE

### Identifying An Incident Requiring a Mandated Report

- DSP can protect individuals from abuse through:
  - Observation
  - Communication
  - Documentation
  - Review
  - Report
- Explain what each of these skills entails.

### Signs of Abuse

- DSPs will need to use their observation skills when looking for signs of suspected abuse.
  - Use all of your senses to identify any changes in or injuries to an individual that may be signs of abuse.
- **Show Overhead #12: Areas of Abuse.**
- There are six main areas of abuse
  - Physical abuse
  - Neglect
  - Abandonment
  - Financial abuse
  - Isolation
  - Sexual abuse



## Identifying An Incident Requiring a Mandated Report

Abusive and neglectful behavior toward another can take many forms or combinations. The DSP can help protect individuals from abuse through:



1. **Observation:** Pay attention to individuals in your care. Many individuals cannot tell you when something is wrong.



2. **Communication:** Talk with individuals and other DSPs daily. Talk with staff from day programs, employment programs, and others.



3. **Documentation:** Write down what you see and hear.



4. **Review:** Think about what you have observed, review what you have written and look for patterns.

5. **Report:** If abuse is observed or suspected, take immediate action necessary to protect the individual and then make the required reports.

DSPs play a critical role in ensuring a safe and dignified life for individuals with disabilities.

### Signs of Abuse



Remember your DSP Tool Box skills from Session 1. Your observation skills will be important when looking for signs of suspected abuse. Observation means that you will use all of your senses to identify any changes in or injuries to an individual that may be signs of abuse.

There are several different types of abuse that may occur. These include:

1. Physical abuse
2. Neglect
3. Abandonment
4. Financial abuse
5. Isolation
6. Sexual Abuse

Information on the following pages will help you to identify where abuse might be occurring.

## TEACHER GUIDE

**Signs of Abuse**

- This section of the session lends itself to a modified jigsaw.
- Divide students into six small groups by having the number off from 1-6.
- Direct each group to a different part of the room.
- Refer students to pages S-16 to S-20 where they will find a section that corresponds to their number when they numbered off.
  - Group 1: Physical Abuse
  - Group 2: Neglect
  - Group 3: Abandonment
  - Group 4: Financial Abuse
  - Group 5: Isolation
  - Group 6: Sexual Abuse
- Ask each group to read their sections and identify the key points.
- Give the small groups up to 20 minutes to complete the activity.
- Each group will select a spokesperson to share (i.e., teach) the key points of their section with the large group.
- Tell the large group to underline the key points as each small group shares them.

## Signs of Abuse

### 1. Physical Abuse

Signs of physical abuse may be evident in bruising, swelling, broken bones or skin, blistering, or open wounds. Physical abuse may also be hidden. DSPs may become aware of changes in an individual's behavior or affect that can signal a problem of abuse.

Indicators of physical abuse may include:

1. Unusual or recurring scratches, bruises, skin tears, or welts.
2. Bilateral bruising (bruising on opposite sides of the body).
3. "Wrap around" bruises due to binding or too firm a grip around a wrist or neck.
4. Bruises around the breasts or genital area.
5. Infections around the genital area.
6. Injuries caused by biting, cutting, pinching, or twisting of limbs.
7. Burns.
8. Fractures or sprains.
9. Torn, stained, or bloody underclothing.
10. Any untreated medical condition.
11. Signs of excessive drugging.
12. Injuries that are incompatible with explanations.
13. Intense fearful reactions to people in general or to certain individuals in particular.

Welfare and Institutions Code Section 15510.63 adds the following reportable situation:

"...use of physical or chemical restraint or psychotropic medication under any of the following conditions:

14. For punishment;
15. For a period beyond that for which the medication was ordered pursuant to instructions of a physician and surgeon licensed in the State of California, who is providing medical care to (an) elder or dependent adult at the time instructions are given; or
16. For any purpose not authorized by the physician or surgeon."

Indicators or descriptions are not necessarily proof of abuse, but they may be clues that a problem exists or that a trend is developing.

### 2. Neglect

Neglect can be more difficult to recognize at times. It might be helpful to consider the "reasonable person" standard in identifying occasions of neglect. How would a reasonable person in the same situation act?

Neglect is defined in the following way: **the negligent failure of any person having the care or custody of a child, an elder, or a dependent adult to exercise that degree of care that a reasonable person in a like situation would exercise.**

Some examples of neglect are:

1. Failure to assist in personal hygiene or in the provision of food, clothing, or shelter.
2. Failure to provide medical care for physical and mental health needs.
3. Failure to protect from health and safety hazards.
4. Failure to prevent malnutrition or dehydration.

## TEACHER GUIDE

### **Signs of Abuse (continued)**

See instructions on page T-16



## Signs of Abuse (continued)

5. Failure of a person to provide the needs for themselves due to ignorance, illiteracy, incompetence, mental limitation, substance abuse, or poor health.

### Example:

Arthur has a chronic ear infection. He complains that his ear hurts, and there is obvious drainage from the ear. Staff at his work program have contacted his home to ask that he see a physician. There is no response from his care provider and two weeks later, Arthur is still complaining about his ear. The failure of his care provider to get medical treatment for Arthur may be a case of neglect and should be reported.

### 3. Abandonment

We sometimes hear about abandonment in the news when an infant or a child is found apparently abandoned by his parents. In some cases, this might involve a newborn baby whose mother cannot care for her baby, or it might involve parents who believe they can no longer care for their child. Children left alone for long periods of time while their parents go away are also examples of abandonment. The critical point is that individuals in dependent situations are left without the care they require. In the same way the reasonable person standard was used in discussing neglect, Welfare and Institutions Code Section 15610.05 defines abandonment **“as the desertion or willful forsaking of an elder or a dependent adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.”**

Examples of abandonment may include:

- ▶ Returning home from an outing to find an individual has wandered away and is not present.

- ▶ Locking an individual out of a facility as punishment for breaking curfew.
- ▶ Refusing to allow an individual to return to a facility without having followed required legal procedures for removal or relocating an individual.

### Example:

Roxanne, 29 years old, has been leaving her home late at night after staff go to bed. She is visiting her boyfriend and knows that staff do not want her to go. She typically returns after an hour or so. Marie, one of the DSPs, decides that the next time she finds Roxanne gone, she is going to lock the door and let her stay out all night to teach her a lesson. Of course, this is an example of abandonment, and a care provider legally cannot do this. Roxanne's behavior can be addressed in other, more effective and positive ways.

### 4. Financial Abuse

Dependent adults may also be the victims of financial abuse. As individuals become less able to be responsible for their finances, they are at risk of being taken advantage of. We often hear about con artists that prey on elders, gaining their confidence and then taking their money. Individuals with disabilities also depend on others to help them manage their finances and are vulnerable to financial abuse.

Financial abuse occurs when a person or entity does any of the following:

- ▶ Takes, appropriates, or retains real or personal property of an elder or dependent adult for a wrongful use or with intent to defraud, or both.
- ▶ Assists in taking, secreting, appropriating, or retaining real or personal property of an elder or dependent adult for a wrongful use, to defraud, or both.

## TEACHER GUIDE

### **Signs of Abuse (continued)**

See instructions on page T-16

## Signs of Abuse (continued)

Some signs that indicate an individual has been a victim of financial abuse may include:

- ▶ Disappearance of papers, checkbooks, or legal documents.
- ▶ Staff assisting individuals with credit card purchases or ATM withdrawals.
- ▶ Lack of amenities: appropriate clothing, grooming items, and so forth.
- ▶ Unpaid bills despite availability of adequate financial resources.
- ▶ Provision of services that are not necessary or requested.
- ▶ Unusual activity in bank accounts, such as withdrawals from automated teller machines when the individual cannot get to the bank.
- ▶ Denial of necessary and/or needed services by the person controlling the elder or dependent adult's resources.
- ▶ Use of "representative payee" under suspicious circumstances.
- ▶ Use of power of attorney or conservatorship when not indicated by certain circumstances.

### Example:

Tom is a DSP supporting John at his home. Tom and John have become very close, and Tom assists John with his bill paying, purchases, and banking. Tom is a little short this month, and because he knows that John has some extra money in his account, Tom asks John if he can borrow his ATM card so he can get cash to pay for some incidentals. Because John likes Tom and wants to please him, he gives Tom the card. Tom is abusing his responsibility to John and is using his friendship and influence to his financial gain and is financially abusing John.

## 5. Isolation

One of the critical roles for DSPs is to encourage and facilitate individuals' friendships and social interactions with peers and other community members. Individuals with disabilities often have difficulty meeting new people and maintaining relationships because of a number of factors, including limited community mobility and skill deficits in communication and social interaction. It is also critical to support individuals in maintaining family ties.

One of the difficulties DSPs report is their discomfort in some of the relationships individuals choose to make and maintain. As a DSP, we might not approve of some of the people the individuals we support choose to spend time with, but we cannot prevent social relationships. As a support provider, a DSP can provide advice and inform, but cannot make decisions about others an adult will see.

There have also been occasions when support providers, as part of a behavior management strategy, have controlled access to others as a reward or punishment. As well meaning as this might be, it is neither allowable nor even a good behavioral intervention. We all have a need for friendship, companionship, and love regardless of how much of a problem our behavior is for others. More effective positive behavioral support strategies are discussed in Session 11.

Isolation means any of the following:

- ▶ Acts that are intentionally committed for the purpose of preventing, and that do serve to prevent, an elder or dependent adult from receiving his or her mail or telephone calls.
- ▶ Telling a caller or prospective visitor that an elder or dependent adult is not

## TEACHER GUIDE

### **Signs of Abuse (continued)**

See instructions on page T-16

## Signs of Abuse (continued)

present, does not wish to talk with the caller, or does not wish to meet with the visitor when the statement is false and contrary to the express wishes of the elder or dependent adult, whether he or she is competent or not, and is made for the purpose of preventing the elder or dependent adult from having contact with family, friends, or concerned persons.

- ▶ False imprisonment, as defined in Section 236 of the Penal Code.
- ▶ Physical restraint of an elder or dependent adult for the purpose of preventing the elder or dependent adult from meeting with visitors.

There is an exception, however: if the above acts are the instructions of a licensed physician or surgeon as part of the individual's medical care, or if they are performed in response to a reasonably perceived threat of danger to property or physical safety (Welfare and Institutions Code Section 15610.43).

Restraint and seclusion or isolation are prohibited in community care facilities. Restraint is an emergency management strategy, used as a last resort by DSPs trained in such techniques when health and safety are in immediate danger.

### Example:

Veronica has been having a very bad week. She is very angry about something and has been striking out at staff and her roommates. Veronica normally goes to her parents' home every other weekend and looks forward to these visits, as do her parents. Ted, a DSP at Veronica's home has decided that Veronica is demonstrating that she is not ready to go home and has taken this privilege away. Veronica is to stay in her room over the weekend, and if she can show better behavior, she can go to visit her parents in two weeks.

Veronica's visit to her parents' home is not a privilege, it's a right. Ted is isolating Veronica in an attempt to change her behavior.

## 6. Sexual Abuse

Sexual abuse includes a wide range of sexual activities that are forced upon someone. Individuals with developmental disabilities are at an increased risk because of a sense of social powerlessness. They may have significant communication skill deficits that make it difficult to inform others about what is happening to them. Their judgment may be impaired to such a degree that they put themselves in harmful situations or associate with people who are harmful. In addition, many individuals with disabilities have small social circles, and the isolation they feel may make them more likely to associate with people who pay attention to them. Finally, individuals with disabilities often live with roommates and in dependent situations. This makes them more vulnerable to people who they perceive are more powerful.

When abuse is occurring, individuals are often unable to stop it due to a lack of understanding of what is happening, the extreme pressure to go along out of fear, a need for acceptance from the abuser, having a dependent relationship with the abuser, and the inability or unwillingness to question others they perceive to be in authority.

The research on sexual abuse is startling.

- ▶ More than 90 percent of individuals with developmental disabilities will experience sexual abuse at some point in their lives (Schwartz, 1991).
- ▶ Victims who have some level of intellectual impairment are at the highest risk of abuse (Sobsey & Doe, 1991).

## TEACHER GUIDE

### **Signs of Abuse (continued)**

See instructions on page T-16

## Signs of Abuse (continued)

- ▶ Forty-nine percent of individuals with disabilities will experience 10 or more abusive incidents (Valenti-Hein & Schwartz, 1991).
- ▶ Each year in the United States, 15,000 to 19,000 individuals with developmental disabilities are raped (Sobsey & Doe, 1991).

There are a number of ways that sexual abuse occurs. What may appear on the surface to be harmless may be abusive, especially if it is unwanted and makes an individual uncomfortable. Sexual abuse may consist of inappropriate and non-consensual actions such as:

- ▶ Exposure to sexual materials such as pornography.
- ▶ The use of inappropriate sexual remarks and language.
- ▶ Not respecting the privacy of a child or other individual.
- ▶ Exhibitionism.
- ▶ or such explicit acts such as:
- ▶ Fondling.
- ▶ Oral sex.
- ▶ Forced sexual intercourse.

How would we know that sexual abuse is occurring?

There are obvious indications of sexual abuse, including unexplained pregnancy and sexually transmitted diseases (STDs). Unfortunately, these conditions are sometimes the first sign of abuse that is noticed. Obviously, there are other signs that can indicate sexual abuse and can move families and staff to intervene. Bruising

around the genital area is an obvious signal, as is bruising of breasts or buttocks. Genital discomfort can be an indicator and in any event should be cause for medical attention. Torn or missing clothing may also indicate sexual abuse. More often, however, DSPs may see other, more subtle signs that something serious is going on. There are a number of signals that support providers need to be aware of. Sometimes an individual who is being sexually abused may show physiological symptoms such as:

- ▶ Sleep disturbances
- ▶ Eating disorders
- ▶ Headaches
- ▶ Seizure activity

At times, or in addition to physiological symptoms, an individual may show psychological symptoms such as:

- ▶ Substance abuse
- ▶ Withdrawal
- ▶ Atypical attachment
- ▶ Avoidance of specific settings
- ▶ Avoidance of certain people
- ▶ Excessive crying spells
- ▶ Regression
- ▶ Poor self-esteem
- ▶ Non-compliance
- ▶ Self-destructive behavior
- ▶ Inability to focus or concentrate
- ▶ Resistance to physical examination
- ▶ Sexually inappropriate behavior

Adapted from *Violence and Abuse in the Lives of People with Disabilities* (1994). Sobsey, D.

## TEACHER GUIDE

### Activity: Identifying Types of Abuse

- Groupings: individual, pairs, small groups, large group
- Directions: Read and discuss each scenario on S-21 through S-23. Discuss and answer the questions after each scenario.
- Review common signs that were noted.

### Answers

1. Annette
  - Does this meet the criteria for abuse? *Yes.*
  - What type of abuse? *Sexual abuse.*
  - What steps should be taken? *Report to the long-term care Ombudsman, regional center and Community Care Licensing.*
2. Ron
  - Does this meet the criteria for abuse? *Yes.*
  - What type of abuse? *Isolation.*
  - What steps should be taken? *Report to the long-term care Ombudsman, regional center and Community Care Licensing.*
3. Roxanne
  - Does this meet the criteria for abuse? *No.*



## ACTIVITY

### Identifying Types of Abuse

*Directions: Read the scenarios and decide:*

- ▶ **Does this meet the criteria for abuse?**
- ▶ **What type of abuse does it represent?**
- ▶ **What steps should be taken?**

---

1. Annette, who is 27, returns from her day program with her blouse ripped. She informs you that someone on the bus was trying to be fresh.

*Does this meet the criteria for abuse?*    ☐ Yes    ☐ No

*What type of abuse does it represent?*

.....

*What steps should be taken?*

.....

.....

---

2. Ron, 33 years old, has been talking about getting married to someone he met at the movies. He wants to call her up frequently and invite her over to stay with him in his room. Some of the staff members know this woman and do not want him to see her, and they refuse to let him call her from home.

*Does this meet the criteria for abuse?*    ☐ Yes    ☐ No

*What type of abuse does it represent?*

.....

*What steps should be taken?*

.....

.....

---

3. Roxanne, a DSP at the Mary's Care Home has discovered that Yolanda, who is 19, has been having sex with her boyfriend at his home.

*Does this meet the criteria for abuse?*    ☐ Yes    ☐ No

*What type of abuse does it represent?*

.....

*What steps should be taken?*

.....

.....

## TEACHER GUIDE

**Activity: Identifying Types of Abuse (continued)****Answers**

## 4. Henry

- Does this meet the criteria for abuse? *Yes.*
- What type of abuse? *Abandonment.*
- What steps should be taken? *Report to the long-term care Ombudsman, regional center and Community Care Licensing.*

## 5. Dean

- Does this meet the criteria for abuse? *Yes.*
- What type of abuse? *Abandonment.*
- What steps should be taken? *Report to the long-term care Ombudsman, regional center and Community Care Licensing.*

## 6. Rachel

- Does this meet the criteria for abuse? *Yes.*
- What type of abuse? *Physical abuse.*
- What steps should be taken? *Report to the police or sheriff's department, regional center and Community Care Licensing.*

## ACTIVITY

### Identifying Types of Abuse *continued*

4. Henry, in a fit of anger, struck one of the DSPs and the care home owner. He ran out of the house and still hadn't returned by 10:00 p.m. He has done this on several different occasions, only to return in the early hours of the morning and wake up everyone in the home. The staff decided to lock the door and teach Henry a lesson this time.

Does this meet the criteria for abuse? ☐ Yes ☐ No

What type of abuse does it represent?

.....

What steps should be taken?

.....

.....

5. Dean enjoys going to the mall. Since he is not independent and still needs some support, a DSP always goes with him and sometimes brings one or two other individuals. Dean leaves the group and goes to a movie. When the others are ready to leave, Dean is not with them, so they go home, figuring that he'll call when he finds them gone.

Does this meet the criteria for abuse? ☐ Yes ☐ No

What type of abuse does it represent?

.....

What steps should be taken?

.....

.....

6. Rachel, 12 years old, occasionally wets herself. When she does this, she laughs as she wets. Staff know that she can go to the bathroom by herself and believe she does this to be funny. Tim, one of the DSPs, has had enough and swats her on the backside, tells her "No," then sends her to her room.

Does this meet the criteria for abuse? ☐ Yes ☐ No

What type of abuse does it represent?

.....

What steps should be taken?

.....

.....

## TEACHER GUIDE

**Activity: Identifying Types of Abuse (continued)****Answers**

7. Robert

- Does this meet the criteria for abuse? *Yes.*
- What type of abuse? *Financial abuse.*
- What steps should be taken? *Report to the long-term care Ombudsman, regional center and Community Care Licensing.*

## ACTIVITY

### Identifying Types of Abuse *continued*

7. Robert has asked Cathy, a DSP, to buy him a pack of cigarettes when she is at the store. He gives her \$5. Cathy gets the cigarettes and also uses the change to get herself an ice cream cone for her trouble.

Does this meet the criteria for abuse? ☐ Yes ☐ No

What type of abuse does it represent?

.....

What steps should be taken?

.....

.....

## TEACHER GUIDE

**Activity: Reporting Incidents**

- Direct students to page S-24 and S-25.
- Have students work in pairs to read and discuss each scenario.
- Have them answer the questions after each scenario.
- Report back to the class.
- Review types of reports that were noted.

**Answers**

1. Little Joey
  - Need to make a report? *No.*
  - Note: The argument could be made that you do need to make a report if the behavior was caused by neglect.
2. Individual who falls
  - Need to make a report? *No.*
3. Mr. Johnson
  - Need to make a report? *Yes.*
  - Who should I report to? *Regional center.*
4. Frank
  - Need to make a report? *Yes, because Frank lives in a community care licensed facility and would need a prescription for Qwell.*
  - Who should I report to? *Regional center and Community Care Licensing.*

## ACTIVITY

### Reporting Incidents

*Directions: Read the following scenarios and answer the questions:*

- ▶ **Do I need to make a report?**
- ▶ **To whom should I report?**

---

1. Little Joey, age 9, just ran outside and heaved his shoes onto the neighbor's roof for the third time this week. Mr. Smith, the neighbor, came running out and yelled, "I am going to call the cops if you people can't control those kids, and I'm keeping these shoes!"

*Do I need to make a report?*    ☐ Yes    ☐ No

*Who should I report to?*

.....

.....

---

2. You are walking with an individual along a sidewalk. Just as you notice that his shoe is untied, he steps on the lace and falls to the concrete hitting his head. He gets up quickly saying he is fine. There is no blood or cuts.

*Do I need to make a report?*    ☐ Yes    ☐ No

*Who should I report to?*

.....

.....

---

3. A resident of a group home, Mr. Johnson, has been in the hospital for a week due to a long illness. He dies while there. He was 78 years old.

*Do I need to make a report?*    ☐ Yes    ☐ No

*Who should I report to?*

.....

.....

---

4. While assisting Frank with his bath, you discover that he has head lice. You immediately purchase a bottle of Qwell and treat him.

*Do I need to make a report?*    ☐ Yes    ☐ No

*Who should I report to?*

.....

.....

## TEACHER GUIDE

**Activity: Reporting Incidents (continued)****Answers**

5. Mary
  - Need to make report? *No.*
6. Sam
  - Need to make report? *Yes.*
  - Who should I report to? *Report to Adult Protective Services because the psychological abuse occurs in Sam's apartment.*
7. Mike
  - Need to make report? *Yes.*
  - Who should I report to? *Report to the regional center and Community Care Licensing.*
8. Bob
  - Need to make report? *No.*
  - Note: An argument can be made that there is suspected financial abuse, but there is not enough information in the scenario. The DSP should ask the individual additional questions to make a determination.



## ACTIVITY

### Reporting Incidents *continued*

5. After a fight with her roommate, Mary runs out of the house into the street. She is screaming that she is going to kill herself. Traffic manages to miss her, and you succeed in taking her back into the house after five minutes. She has made similar statements in the past.

Do I need to make a report? ☐ Yes ☐ No

Who should I report to?

.....  
 .....

6. You walk into Sam's apartment just in time to hear another staff say, "I told you that if your room was not clean, you couldn't visit your sister this weekend." This is not part of any behavior plan.

Do I need to make a report? ☐ Yes ☐ No

Who should I report to?

.....  
 .....

7. While on a ski trip with his parents, Mike breaks his arm and requires surgery to repair it.

Do I need to make a report? ☐ Yes ☐ No

Who should I report to?

.....  
 .....

8. Bob, a very independent fellow, has spent the day at the mall. He left with \$20 and now has no money and nothing to show for it. When asked where his money went, he says, "I gave it to a guy who didn't have any."

Do I need to make a report? ☐ Yes ☐ No

Who should I report to?

.....  
 .....

## TEACHER GUIDE

**Activity: Completing a Special Incident Report**

- Groupings: small group, large group.
- Directions: Read the scenario and write the reason why a Special Incident Report should be completed. Then, complete the report on S-27 and S-28. Use the tips that you learned about good documentation in Session 1, page S-14.
- Debrief with the large group.

**Answers**

Why does this warrant a Special Incident Report? *Because it constitutes physical abuse and possibly sexual abuse. Suspected abuse is reportable under mandated reporting requirements to the police or sheriff's department, or the local long-term care Ombudsman. A special incident report must also be submitted to the regional center and Community Care Licensing.*

## ACTIVITY

### Completing a Special Incident Report

*Directions: Read the following scenario and write down why a Special Incident Report should be filed. Then, complete the report using the form provided.*

On April 5, 2003 at 3:00 p.m., Jose, another individual who is Maddy's friend, came running to you and said, "Maddy is not the same. Something's wrong!" Jose cannot elaborate but is very agitated. You accompany him to Maddy's room. The door is open, but you knock and ask if you can come in. Maddy is sitting on her bed, but does not respond. She appears to have been crying. You ask if she is alright, and she furiously shakes her head "no." You ask Jose to let you and Maddy have some privacy. He goes to his room still very concerned about his friend.

Knowing that Maddy has limited verbal skills, you begin to gently ask questions: "Are you in pain?" "Are you hurt?" "Did something happen to you?" "Did you go out?" "Show me what is wrong." Using this method, you learn that Maddy went for a walk after lunch and that a person in the neighborhood grabbed her by the wrist, which has wrap-around bruising, and tried to push her into a house. She screamed, and the person let her go and went into the house. Maddy ran home and has been crying in her room ever since. She is upset, shaking, and very nervous. You are unable to calm her down.

You tell Maddy that you will bring the administrator to speak with her and that you will make sure this never happens again. You report to the administrator who is very concerned and immediately goes to Maddy. The administrator looks to see if there are other obvious bruises or other injuries and again questions Maddy about the incident.

#### Why does this warrant a Special Incident Report?

.....

.....

.....

.....

.....

.....

.....

Unusual Incident/Injury Report

**UNUSUAL INCIDENT/INJURY  
REPORT****INSTRUCTIONS :** NOTIFY LICENSING AGENCY, PLACEMENT AGENCY AND  
RESPONSIBLE PERSONS, IF ANY, BY NEXT WORKING DAY.

SUBMIT WRITTEN REPORT WITHIN 7 DAYS OF OCCURRENCE.

RETAIN COPY OF REPORT IN CLIENT'S FILE.

NAME OF FACILITY	FACILITY FILE NUMBER	TELEPHONE NUMBER (     )
ADDRESS	CITY, STATE, ZIP	

CLIENTS/RESIDENTS INVOLVED	DATE OCCURRED	AGE	SEX	DATE OF ADMISSION

**TYPE OF INCIDENT**

- |  |   |  |   |  |
|--|---|--|---|--|
| <input type="checkbox"/> Unauthorized Absence            | <input type="checkbox"/> Alleged Client Abuse | <input type="checkbox"/> Rape            | <input type="checkbox"/> Injury-Accident              | <input type="checkbox"/> Medical Emergency     |
| <input type="checkbox"/> Aggressive Act/Self             | <input type="checkbox"/> Sexual               | <input type="checkbox"/> Pregnancy       | <input type="checkbox"/> Injury-Unknown Origin        | <input type="checkbox"/> Other Sexual Incident |
| <input type="checkbox"/> Aggressive Act/Another Client   | <input type="checkbox"/> Physical             | <input type="checkbox"/> Suicide Attempt | <input type="checkbox"/> Injury-From another Client   | <input type="checkbox"/> Theft                 |
| <input type="checkbox"/> Aggressive Act/Staff            | <input type="checkbox"/> Psychological        | <input type="checkbox"/> Other           | <input type="checkbox"/> Injury-From behavior episode | <input type="checkbox"/> Fire                  |
| <input type="checkbox"/> Aggressive Act/Family, Visitors | <input type="checkbox"/> Financial            |  | <input type="checkbox"/> Epidemic Outbreak            | <input type="checkbox"/> Property Damage       |
| <input type="checkbox"/> Alleged Violation of Rights     | <input type="checkbox"/> Neglect              |  | <input type="checkbox"/> Hospitalization              | <input type="checkbox"/> Other (explain)       |

DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION, PERPETRATOR, NATURE OF INCIDENT, ANY ANTECEDENTS LEADING UP TO INCIDENT AND HOW CLIENTS WERE AFFECTED, INCLUDING ANY INJURIES:

PERSON(S) WHO OBSERVED THE INCIDENT/INJURY:

EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN (INCLUDE PERSONS CONTACTED):

Unusual Incident/Injury Report (continued)

MEDICAL TREATMENT NECESSARY? ☐ YES ☐ NO IF YES, GIVE NATURE OF TREATMENT:

WHERE ADMINISTERED:

ADMINISTERED BY:

FOLLOW-UP TREATMENT, IF ANY:

ACTION TAKEN OR PLANNED (BY WHOM AND ANTICIPATED RESULTS:

LICENSEE/SUPERVISOR COMMENTS:

NAME OF ATTENDING PHYSICIAN

REPORT SUBMITTED BY:

NAME AND TITLE

DATE

REPORT REVIEWED/APPROVED BY:

NAME AND TITLE

DATE

**AGENCIES/INDIVIDUALS NOTIFIED** (SPECIFY NAME AND TELEPHONE NUMBER)

- ☐ LICENSING \_\_\_\_\_ ☐ ADULT/CHILD PROTECTIVE SERVICES \_\_\_\_\_
- ☐ LONG TERM CARE OMBUDSMAN \_\_\_\_\_ ☐ PARENT/GUARDIAN/CONSERVATOR \_\_\_\_\_
- ☐ LAW ENFORCEMENT \_\_\_\_\_ ☐ PLACEMENT AGENCY \_\_\_\_\_

**TEACHER GUIDE****Practice and Share**

- Think about an individual that you support and identify a risk to his or her health or safety. For example, if an individual's mother had breast cancer, she is at risk to develop breast cancer too.
- Give other examples if students need more clarification.
- Once you identify a risk, think about actions that you can take to mitigate, or lessen the effects of that risk.
- In the above example, you could consult with the individual's doctor at her next appointment, and ensure that she receives regular exams and screenings for breast cancer.
- Be prepared to discuss the risk and ideas for mitigating it at the beginning of Session 4.



**PRACTICE AND SHARE**

Think about an individual that you support and identify a risk to his or her health or safety. For example, if an individual's mother had breast cancer, she is at risk to develop breast cancer too. Once you identify a risk, think about actions that you can take to mitigate, or lessen the effects of that risk. In the above example, you could consult with the individual's doctor at her next appointment, and ensure that she receives regular exams and screenings for breast cancer. Be prepared to discuss the risk and ideas for mitigating it at the beginning of Session 4.

**TEACHER GUIDE****Quiz**

Directions: The quiz consists of 10 questions. You will be given 20 minutes to answer them. Remember to fill in the oval that corresponds to the correct answer. We will review the answers as a class. As we review, mark the correct answers so that you can use them to study for the Test After Training.

**Answers**

1. *B*
2. *D*
3. *B*
4. *C*
5. *B*
6. *B*
7. *A*
8. *B*
9. *B*
10. *B*

**End of Session 3.**

## Risk Management

1	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
2	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
3	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
5	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
6	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
7	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
8	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
9	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
10	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D

- The most basic principle of “Risk Management” is:**
  - Do not wait for individuals to be injured before offering them first aid.
  - Prevention is the Number One Priority.
  - Wipe up spills if individuals have slipped on them.
  - Let family members know when individuals get badly injured.
- The DSP has an especially important role in effective risk management because:**
  - The DSP is the only person able to remove danger from individuals’ lives.
  - The DSP works to help people enjoy their lives more.
  - Person-centered planning is important in reducing risks.
  - The DSP is often the first person to be aware of risks.
- An example of a Daily Living Skills risk would be:**
  - Electrical power and water service loss.
  - Difficulty in swallowing or mobility.
  - Alcohol and drug abuse.
  - Self-injurious behavior.
- The first step in risk assessment and planning work is to:**
  - Think about what can happen in the future.
  - Decide how dangerous the risk is compared to other risks.
  - Identify exactly what the risk is.
  - Get help from the planning team.
- A Risk Assessment Worksheet identifies risks and includes:**
  - The names of all people working or visiting at the facility.
  - Plans for minimizing these risks.
  - Prescriptions and other medical needs for each individual.
  - Photographs and other documentation of injury and abuse.
- A “Special Incident Report” must be filed with the regional center whenever:**
  - First aid must be given to an individual for a minor injury.
  - An individual is gone from the home for no known reason.
  - A meal is served more than 15 minutes after the scheduled time.
  - The DSP fails to inform the home in advance that they will be unable to come to work.

7. **After a “special incident” is reported by phone or fax to the regional center:**
  - A) A written report must be submitted to the regional center within the next two days.
  - B) The DSP should receive a written acknowledgment of the report.
  - C) The DSP should write down the time of the call and the name of the person at the regional center who answered the phone.
  - D) A written report must be submitted to the local police within 72 hours.
8. **A “Special Incident Report” is required whenever there is:**
  - A) A celebration or party involving more than 20 participants.
  - B) Death of an individual regardless of the cause.
  - C) Death of an individual, but only if the cause is “suspicious”
  - D) Every time there is an exchange of bodily fluids between people.
9. **Which of the following must be reported by a “mandated reporter”?**
  - A) An individual’s expensive clothing is ruined by a defective washing machine.
  - B) An individual shows signs of having been physically abused.
  - C) An individual refuses to eat food that they do not think is seasoned well.
  - D) An individual is unhappy because they are too sick to go bowling.
10. **A mandated reporter must report incidents of abuse to:**
  - A) Regional Center and Local Radio or TV Station.
  - B) Ombudsman or Police/Sheriff.
  - C) Facility Administrator and 911.
  - D) All of the above.



## Appendices



**RISK ASSESSMENT WORKSHEET**

**NAME:**

Description of Risk*	Plans to Manage Risk

\* Remember to think about the individual's health, behavior, daily living skills, environment, and lifestyle choices.

## Appendix 3-B

### Term Care Ombudsman Program Contacts (by County)

<i>County</i>	<i>Center</i>	<i>Phone</i>
<b>Alameda</b>	Ombudsman, Inc.	(510) 638-6878
<b>Alpine</b>	Mother Lode Ombudsman Program	(209) 532-7632
<b>Amador</b>	Mother Lode Ombudsman Program	(209) 532-7632
<b>Butte</b>	Ombudsman Program	(530) 898-5923 (800) 822-0109
<b>Calaveras</b>	Mother Lode Ombudsman Program	(209) 532-7632
<b>Colusa</b>	Ombudsman Program	(530) 898-5923 (800) 822-0109
<b>Contra Costa</b>	Ombudsman Services of Contra Costa, Inc.	(925) 685-2070
<b>Del Norte</b>	LTC Ombudsman Program	(707) 443-9747
<b>El Dorado</b>	El Dorado County LTC Ombudsman Program	(530) 621-6157
<b>Fresno</b>	Fresno-Madera Ombudsman Program	(559) 224-9177
<b>Glenn</b>	Ombudsman Program	(530) 898-5923 (800) 822-0109
<b>Humboldt</b>	LTC Ombudsman Program	(707) 443-9747
<b>Imperial</b>	Ombudsman Program	(760) 336-3996
<b>Inyo</b>	Ombudsman/Advocacy Services	(760) 872-4128
<b>Kern</b>	Ombudsman Program	(661) 323-7884 Only (661) area: (800) 292-4252
<b>Kings</b>	LTC Ombudsman Program	(559) 583-0333
<b>Lake</b>	Nursing Home Ombudsman Program	(707) 468-5882 Only (707) area: (800) 997-3675
<b>Lassen</b>	Northern CA Ombudsman Program	(530) 223-6191
<b>Los Angeles</b>	LTC Ombudsman Program	(310) 393-3618 (800) 334-9473 Region I - Santa Monica (310) 899-1483 Region II - Los Angeles (213) 617-8957 Region III - Reseda (818) 881-6460 Region IV - Arcadia (626) 294-9123 Region V - Lakewood (562) 925-7104 Region VI - San Dimas (909) 394-0416 Region VII - Lancaster (661) 945-5563 Region VIII - Downey (562) 869-6500 Region IX - Burbank (818) 563-1957
<b>Madera</b>	Fresno-Madera Ombudsman Program	(559) 224-9177

Appendix 3-B continued

<b>County</b>	<b>Center</b>	<b>Phone</b>
<b>Marin</b>	County of Marin Ombudsman Program	(415) 499-7446
<b>Mariposa</b>	Mother Lode Ombudsman Program	(209) 532-7632
<b>Mendocino</b>	Nursing Home Ombudsman Program	(707) 468-5882 Only (707) area: (800) 997-3675
<b>Merced</b>	Merced County Ombudsman	(209) 385-7402
<b>Modoc</b>	Northern CA Ombudsman Program	(530) 223-6191
<b>Mono</b>	Ombudsman/Advocacy Services	(760) 872-4128
<b>Monterey</b>	Monterey County Ombudsman, Inc. Salinas	(831) 333-1300 (831) 758-4011
<b>Napa</b>	Ombudsman Program	(707) 255-4236
<b>Nevada</b>	Ombudsman Services of Northern California	(916) 376-8910 (530) 274-2825
<b>Orange</b>	LTC Ombudsman Program	(714) 479-0107 Only (562) and (949) areas: (800) 300-6222
<b>Placer</b>	Ombudsman Services of Northern California	(916) 376-8910 (916) 823-8422
<b>Plumas</b>	Ombudsman Program	(530) 898-5923 (800) 822-0109
<b>Riverside</b>	LTC Ombudsman Program	(909) 686-4402 (800) 464-1123
<b>Sacramento</b>	Ombudsman Services of Northern California	(916) 376-8910
<b>San Benito</b>	Ombudsman/Advocacy, Inc.	(831) 429-1913
<b>San Bernardino</b>	LTC Ombudsman Program	(909) 891-3928 (866) 229-0284
<b>San Diego</b>	LTC Ombudsman Program	(858) 560-2507 Only (858) area: (800) 640-4661
<b>San Francisco</b>	Ombudsman Program	(415) 751-9788
<b>San Joaquin</b>	Ombudsman Program	(209) 468-3785
<b>San Luis Obispo</b>	LTC Ombudsman Services of SLO County	(805) 772-3059
<b>San Mateo</b>	Ombudsman Program of San Mateo, Inc.	(650) 742-9131 Only (650) area: (800) 674-8437
<b>Santa Barbara</b>	LTC Ombudsman Program of Santa Barbara County Santa Maria	(805) 563-6025 (805) 928-4808
<b>Santa Clara</b>	LTC Ombudsman Program	(408) 944-0567



Appendix 3-B continued

<b>County</b>	<b>Center</b>	<b>Phone</b>
<b>Santa Cruz</b>	Ombudsman/Advocacy, Inc.	(831) 429-1913
<b>Shasta</b>	Northern CA Ombudsman Program	(530) 223-6191
<b>Sierra</b>	Ombudsman Services of Northern California	(916) 376-8910 (530) 274-2825
<b>Siskiyou</b>	Northern CA Ombudsman Program	(530) 223-6191
<b>Solano</b>	LTC Ombudsman Services	(707) 644-4194 Only (707) area: (800) 644-4194
<b>Sonoma</b>	Ombudsman Program	(707) 526-4108
<b>Stanislaus</b>	Ombudsman Program	(209) 529-3784
<b>Sutter</b>	Ombudsman Services of Northern California	(916) 376-8910 (530) 755-2018
<b>Tehama</b>	Ombudsman Program	(530) 898-5923 (800) 822-0109
<b>Trinity</b>	Northern CA Ombudsman Program	(916) 223-6191
<b>Tulare</b>	LTC Ombudsman Program	(559) 583-0333
<b>Tuolumne</b>	Mother Lode Ombudsman Program	(209) 532-7632
<b>Ventura</b>	LTC Ombudsman Services of Ventura County, Inc.	(805) 656-1986
<b>Yolo</b>	Ombudsman Services of Northern California	(916) 376-8910 (530) 668-5775
<b>Yuba</b>	Ombudsman Services of Northern California	(916) 376-8910 (530) 755-2018

## Appendix 3-C

### County Child Welfare Services Mailing Addresses and Emergency Response (Reporting) Telephone Numbers

#### ALAMEDA

Director, Alameda County CWS Agency  
P.O. Box 12941  
Oakland, CA 94607  
(510) 259-1800

#### ALPINE

Director, Alpine County CWS Agency  
75-A Diamond Valley Road  
Markleeville, CA 96120  
(888) 755-8099 24 hours  
(530) 694-2235

#### AMADOR

Director, Amador County CWS Agency  
1003 Broadway  
Jackson, CA 95642  
(209) 223-6550 days  
(209) 223-1075 after hours

#### BUTTE

Director, Butte County CWS Agency  
P.O. Box 1649  
Oroville, CA 95965  
(530) 538-7617 Oroville; (800) 400-0902 others

#### CALAVERAS

Director, Calaveras County CWS Agency  
891 Mountain Ranch Road  
San Andreas, CA 95249-9709  
(209) 754-6452 days; (209) 754-6500 after hours

#### COLUSA

Director, Colusa County CWS Agency  
P.O. Box 370  
Colusa, CA 95932  
(530) 458-0280

#### CONTRA COSTA

Director, Contra Costa County CWS Agency  
40 Douglas Drive  
Martinez, CA 94553-4068  
(925) 646-1680 central; (510) 374-3324 west;  
(510) 925-427-8811 east

#### DEL NORTE

Director, Del Norte County CWS Agency  
Crescent City, CA 95531  
(707) 464-3191

#### EL DORADO

Director, El Dorado County CWS Agency  
3057 Briw Road  
Placerville, CA 95667  
(530) 544-7236 S. Tahoe  
(530) 642-7100 Placerville

#### FRESNO

Director, Fresno County CWS Agency  
2600 Ventura Street  
Fresno, CA 93750  
(559) 255-8320

#### GLENN

Director, Glenn County CWS Agency  
P.O. Box 611  
Willows, CA 95988  
(530) 934-6520

#### HUMBOLDT

Director, Humboldt County CWS Agency  
929 Koster Street  
Eureka, CA 95501  
(707) 445-6180

#### IMPERIAL

Director, Imperial County CWS Agency  
2995 South 4th Street, Suite 105  
El Centro, CA 92243  
(760) 337-7750

#### INYO

Director, Inyo County CWS Agency  
Courthouse Annex, Drawer A  
Independence, CA 93526-0601  
(760) 872-1727

#### KERN

Director, Kern County CWS Agency  
PO Box 511  
Bakersfield, CA 93302  
(661) 631-6011 days

#### KINGS

Director, Kings County CWS Agency  
1200 South Drive  
Hanford, CA 93230  
(559) 582-8776

#### LAKE

Director, Lake County CWS Agency  
P.O. Box 9000  
Lower Lake, California 95457  
(707) 262-0235

#### LASSEN

Director, Lassen County CWS Agency  
Post Office Box 1359  
Susanville, CA 96130  
(530) 251-8277 days  
(530) 257-6121 Sheriff (after hours)

**LOS ANGELES**

Director, Los Angeles County CWS Agency 880  
Northcrest Drive  
425 Shatto Place  
Los Angeles, CA 90020  
(800) 540-4000 in-state; (213) 639-4500 out-of-state

**MADERA**

Director, Madera County CWS Agency  
700 East Yosemite Avenue  
Madera, CA 93638  
(559) 675-7829  
(800) 801-3999

**MARIN**

Director, Marin County CWS Agency  
20 North San Pedro Rd, Suite 2028  
San Rafael, CA 94903  
(415) 499-7153  
(415) 479-1601 TDD

**MARIPOSA**

Director, Mariposa County CWS Agency  
5186 Highway 49 North  
Mariposa, CA 95338  
(209) 966-3030

**MENDOCINO**

Director, Mendocino County CWS Agency  
P.O. Box 1060  
Ukiah, CA 95482  
(707) 463-5600

**MERCED**

Director, Merced County CWS Agency  
Post Office Box 112  
Merced, CA 95341  
(209) 385-3104 days  
(209) 385-9915 (after hours)

**MODOC**

Director, Modoc County CWS Agency  
120 North Main Street  
Alturas, CA 96101  
(530) 233-6501 days; (530) 233-4416 after hours

**MONO**

Director, Mono County CWS Agency  
Post Office Box 576  
Bridgeport, CA 93517  
(760) 932-7755 or (800) 340-5411 (statewide)

**MONTEREY**

Director, Monterey County CWS Agency  
1000 South Main Street, Suite 209-A  
Salinas, CA 93901  
(831) 755-4661

**NAPA**

Director, Napa County CWS Agency  
2261 Elm Street  
Napa, CA 94559  
(707) 253-4261

**NEVADA**

Director, Nevada County CWS Agency  
P.O. Box 1210  
Nevada City, CA 95959  
(530) 265-9380

**ORANGE**

Director, Orange County CWS Agency  
888 North Main Street  
Santa Ana, CA 92701  
(714) 940-1000  
(800) 207-4464

**PLACER**

Director, Placer County CWS Agency  
11730 Enterprise Drive  
Auburn, CA 95603  
(530) 886-5401  
(916) 787-8860 Roseville/Rocklin/Granite Bay

**PLUMAS**

Director, Plumas County CWS Agency  
270 County Hospital Road, Suite 207  
Quincy, CA 95971  
(530) 283-6350

**RIVERSIDE**

Director, Riverside County CWS Agency  
4060 County Circle Drive  
Riverside, CA 92503  
(800) 442-4918

**SACRAMENTO**

Director, Sacramento County CWS Agency  
7001 East Parkway, Suite A  
Sacramento, CA 95823  
(916) 875-5437

**SAN BENITO**

Director, San Benito County CWS Agency  
1111 San Felipe Road, Suite 206  
Hollister, CA 95023  
(831) 636-4190 days  
(831) 636-4330 after hours

**SAN BERNARDINO**

Director, San Bernardino County CWS Agency  
385 North Arrowhead Avenue, 5th Floor  
San Bernardino, CA 92415  
(800) 827-8724  
(909) 422-3266 after hours

**SAN DIEGO**

Director, San Diego County CWS Agency  
1700 Pacific Highway, MS P501  
San Diego, CA 92101  
(858) 560-2191

**SAN FRANCISCO**

Director, San Francisco County CWS Agency  
P.O. Box 7988  
San Francisco, CA 94120  
(415) 558-2650  
(800) 856-5553

**SAN JOAQUIN**

Director, San Joaquin County CWS Agency  
P.O. Box 201056  
Stockton, CA 95201-3006  
(209) 468-1333  
(209) 468-1330

**SAN LUIS OBISPO**

Director, San Luis Obispo County CWS Agency  
P.O. Box 8119  
San Luis Obispo, CA 93403-8119  
(805) 781-5437  
(800) 834-5437

**SAN MATEO**

Director, San Mateo County CWS Agency  
400 Harbor Boulevard  
Belmont, CA 94002  
(650) 595-7922  
(800) 632-4615  
(650) 595-7518 fax

**SANTA BARBARA**

Director, Santa Barbara County CWS Agency  
234 Camino Del Remedio  
Santa Barbara, CA 93110  
(800) 367-0166 days  
(805) 737-7078 Lompoc  
(805) 683-2724 after hours

**SANTA CLARA**

Director, Santa Clara County CWS Agency  
1725 Technology Drive  
San Jose, CA 95110  
(408) 299-2071 North  
(408) 683-0601 South

**SANTA CRUZ**

Director, Santa Cruz County CWS Agency  
1000 Emeline Avenue  
Santa Cruz, CA 95060  
(831) 454-4222  
(831) 763-8850 Watsonville

**SHASTA**

Director, Shasta County CWS Agency  
P.O. Box 496005  
Redding, CA 96049-6005  
(530) 225-5144

**SIERRA**

Director, Sierra County CWS Agency  
P.O. Box 1019  
Loyalton, CA 90118  
(530) 289-3720 24 hours  
(530) 993-6720 business hours only

**SISKIYOU**

Director, Siskiyou County CWS Agency  
818 South Main Street  
Yreka, CA 96097  
(530) 841-4200 business hours only  
(530) 842-7009 24 hours

**SOLANO**

Director, Solano County CWS Agency  
P.O. Box 4090, MS 3-220  
Fairfield, CA 94533  
800-544-8696

**SONOMA**

Director, Sonoma County CWS Agency  
P.O. Box 1539  
Santa Rosa, CA 95402-1539  
(707) 565-4304

**STANISLAUS**

Director, Stanislaus County CWS Agency  
P.O. Box 42  
Modesto, CA 95353-0042  
(800) 558-3665

**SUTTER**

Director, Sutter County CWS Agency  
P.O. Box 1535  
Yuba City, CA 95992-1535  
(530) 822-7155

**TEHAMA**

Director, Tehama County CWS Agency  
P.O. Box 1515  
Red Bluff, CA 96080  
(800) 323-7711  
(530) 527-9416

**TRINITY**

Director, Trinity County CWS Agency  
P.O. Box 1470  
Weaverville, CA 96093-1470  
(530) 623-1314

**TULARE**

Director, Tulare County CWS Agency  
5957 South Mooney Boulevard  
Visalia, CA 93277  
(800) 331-1585; (559) 730-2677 county only

**TUOLUMNE**

Director, Tuolumne County CWS Agency  
20075 Cedar Road North  
Sonora, CA 95370  
(209) 533-5717 days; (209) 533-4357 after hours

**VENTURA**

Director, Ventura County CWS Agency  
505 Poli Street  
Ventura, CA 93001  
(805) 654-3200

**YOLO**

Director, Yolo County CWS Agency  
25 North Cottenwood Street  
Woodland, CA 95695  
(530) 669-2345; (530) 669-2346; (530) 666-8920  
(888) 400-0022 after hours

**YUBA**

Director, Yuba County CWS Agency  
P.O. Box 2320  
Marysville, CA 95901  
(530) 749-6288

## Appendix 3-D

### Adult Protective Services County Contact List

#### Alameda County

Department of Adult and Aging Services  
8000 Edgewater Drive  
Oakland, CA 94621

WEBSITE:  
[www.co.alameda.ca.us/assistance/adult/APS.shtml](http://www.co.alameda.ca.us/assistance/adult/APS.shtml)

**HOTLINE\*: (510) 567-6894**

Fax: (510) 569-5384

#### Alpine County

Department of Health and Human Services  
75-A Diamond Valley Road  
Markleeville, CA 96120

WEBSITE:  
[www.co.alpine.ca.us/dept/soc\\_srv/socserv.html](http://www.co.alpine.ca.us/dept/soc_srv/socserv.html)

**HOTLINE\*: (888) 755-8099**

Fax: (530) 694-2252

#### Amador County

Department of Social Services  
1003 Broadway  
Jackson, CA 95642

WEBSITE:  
[www.co.amador.ca.us/pub/depts/hhs/socialsvcs/aps/default.htm](http://www.co.amador.ca.us/pub/depts/hhs/socialsvcs/aps/default.htm)

**HOTLINE\*: (209) 223-1075**

Fax: (209) 223-6579

#### Butte County

Department of Social Services  
Post Office Box 1649  
Oroville, CA 95965

WEBSITE:  
[www.buttecounty.net/dessSenior\\_Adult.html](http://www.buttecounty.net/dessSenior_Adult.html)

**HOTLINE\*: (800) 664-9774**

Fax: (530) 579-3614

#### Calaveras County

CalWORKs & Human Services Agency  
891 Mountain Ranch Road  
San Andreas, CA 95249

WEBSITE:  
[www.co.calaveras.ca.us/departments/welfare.html](http://www.co.calaveras.ca.us/departments/welfare.html)

**Sheriff's Office: (209) 754-6500**

Fax: (209) 754-6579

#### Colusa County

Department of Health and Human Services  
251 East Webster Street  
Colusa, CA 95932

WEBSITE:  
[www.colusacountyclerk.com](http://www.colusacountyclerk.com)

**HOTLINE\*: (530) 458-0280**

Fax: (530) 458-0492

#### Contra Costa County

Department of Aging and Adult Services  
2530 Arnold Drive, Suite 300  
Martinez, CA 94553-4359

WEBSITE:  
[www.ehsd.org/adult/adult001.html](http://www.ehsd.org/adult/adult001.html)

**HOTLINE\*: (877) 839-4347**

Fax: (925) 335-8738

#### Del Norte County Supervisor

Social Services Department  
880 Northcrest Drive  
Crescent City, CA 95531

WEBSITE:  
[www.co.del-norte.ca.us](http://www.co.del-norte.ca.us)

**HOTLINE\*: (707) 464-3191**

Fax: (707) 465-1783

#### El Dorado County

Department of Social Services  
3057-A Briw Road  
Placerville, CA 95667-5321

WEBSITE:  
<http://co.el-dorado.ca.us/socialservices/adultprotect.html>

**HOTLINE\*: (800) 925-1812**

Fax: (530) 543-6774

#### Fresno County

Human Services System  
Department of Adult Services  
Post Office Box 1912  
Fresno, CA 93750-0001

WEBSITE:  
<http://www.fresno.ca.gov/5600/AS/AdultProtectiveServices.htm>

**HOTLINE\*: (559) 255-3383**

Fax: (559) 453-4736

**Glenn County**

Human Resources Agency

Mailing Address:

P.O. Box 611

Physical Address:

420 East Laurel Street

Willows, CA 95988-0611

WEBSITE:

[www.countyofglenn.net](http://www.countyofglenn.net)**HOTLINE\*: (530) 934-6520**

Fax: (530) 934-6521

**Humboldt County**

Department of Social Services

808 E Street

Eureka, CA 95501

WEBSITE:

[www.co.humboldt.ca.us/welfare/adult-1.htm](http://www.co.humboldt.ca.us/welfare/adult-1.htm)**HOTLINE\*: (707) 445-6180**

Fax: (707) 476-2138

**Imperial County**

Department of Social Services

315 South Waterman

El Centro, CA 92243

WEBSITE:

<http://co.imperial.ca.us/socialservices/>**HOTLINE\*: (760) 337-7878**

Fax: (760) 336-3971

**Inyo County**

Department of Health and Human Services

162 Grove Street

Bishop, CA 93514

WEBSITE:

[www.countyofinyo.org](http://www.countyofinyo.org)**HOTLINE\*: (800) 841-5011**

Fax: (760) 873-3277

**Kern County**

Aging and Adult Services Department

Protective Services Division

5357 Truxton Avenue

Bakersfield, CA 93309

WEBSITE:

<http://www.co.kern.ca.us/aas/protectiveservices.asp>**HOTLINES\*: (661) 868-1006; (800) 277-7866****Kings County**

Human Services Agency

Government Center

1200 South Drive

Hanford, CA 93230

WEBSITE:

[www.countyofkings.com/HSA/index.htm](http://www.countyofkings.com/HSA/index.htm)**HOTLINES\*: (559) 582-8776; (877) 897-5842**

Fax: (559) 585-0346

**Lake County**

Social Services Department

Post Office Box 9000

Lower Lake, CA 95457

WEBSITE:

<http://dss.co.lake.ca.us/adultprotectiveservices.html>**LOCAL HOTLINE\*: (800) 386-4090**

Pager: (800) 399-9339

Fax: (707) 262-0299

**Lassen County**

Welfare Administration/ LassenWorks

Post Office Box 1359

Susanville, CA 96130

WEBSITE:

[www.co.lassen.ca.us/welfare\\_mission.htm](http://www.co.lassen.ca.us/welfare_mission.htm)**HOTLINE\*: (530) 251-8158**

Sheriff's Office: (530) 251-8222 (Night Calls)

Fax: (530) 251-8370

**Los Angeles County**

Community and Senior Services

3333 Wilshire Blvd., Suite 400

Los Angeles, CA 90010

WEBSITE:

<http://dcss.co.la.ca.us/APS/APS.htm>**HOTLINE\*: (877) 477-3646**

Direct/Collect: (626) 579-6905

Intake Fax: (213) 738-6485

**Madera County**

Department of Social Services

Post Office Box 569

Madera, CA 93639

WEBSITE:

[www.madera-county.com](http://www.madera-county.com)**HOTLINE\*: (559) 675-7839**

Fax: (559) 675-7690

**Marin County**

Department of Health and Human Services  
10 North San Pedro Rd., Suite 1007  
San Rafael, CA 94903

WEBSITE:  
[www.co.marin.ca.us/depts/HH/main/ss/atisfaq.cfm#adult](http://www.co.marin.ca.us/depts/HH/main/ss/atisfaq.cfm#adult)

**HOTLINE\*: (415) 507-2774**

Fax: (415) 499-6465

**Mariposa County**

Department of Human Services  
Post Office Box 7  
Mariposa, CA 95338

WEBSITE:  
[www.mariposacounty.org](http://www.mariposacounty.org)

**HOTLINE\*: (800) 266-3609**

Fax: (209) 742- 5854

**Mendocino County**

Department of Social Services  
Post Office Box 839  
Ukiah, CA 95482

WEBSITE:  
[www.co.mendocino.ca.us](http://www.co.mendocino.ca.us)

**HOTLINE\*: (707) 962-1102**

Fax: (707) 962-1110

**Merced County**

Department of Human Services  
Post Office Box 112  
Merced, CA 95341

WEBSITE:  
[www.co.merced.ca.us](http://www.co.merced.ca.us)

**HOTLINE\*: (209) 385-3105**

Fax: (209) 725-3836

**Modoc County**

Department of Social Services  
120 North Main Street  
Alturas, CA 96101

WEBSITE: N/A

**(530) 233-6501**

Sheriff's Office: (530) 233-4416  
(Night calls)  
Fax: (530) 233-6536

**Mono County**

Department of Social Services  
Post Office Box 576  
Bridgeport, CA 93517

WEBSITE:  
[www.monocounty.ca.gov](http://www.monocounty.ca.gov)

**HOTLINE\*: (800) 340-5411**

Fax: (760) 932-5287

**Monterey County**

Department of Social Services  
713 Laguardia Street, Suite A  
Salinas, CA 93901

WEBSITE:  
[www.co.monterey.ca.us](http://www.co.monterey.ca.us)

**HOTLINE\*: (800) 960-0010**

Fax: (831) 899-8022

**Napa County**

Health and Human Services Agency  
900 Coombs Street, #257  
Napa, CA 94559-2936

WEBSITE:  
<http://www.co.napa.ca.us/departments/AdultProtective/default.asp>

**HOTLINE\*: (888) 619-6913**

Fax: (707) 253-6117

**Nevada County**

Department of Human Services  
PO Box 1210  
950 Maidu Avenue  
Nevada City, CA 95959

WEBSITE:  
<http://afs.co.nevada.ca.us/ourservices.htm>

**HOTLINE\*: (888) 339-7248**

Fax: (530) 265-7166

**Orange County**

Social Services Agency  
Post Office Box 22006  
Santa Ana, CA 92702-2006

WEBSITE:  
[www.oc.ca.gov/ssa/adltserv/asaps.htm](http://www.oc.ca.gov/ssa/adltserv/asaps.htm)

**HOTLINE\*: (800) 451-5155**

Fax: (714) 825-3155



**Placer County**

Health and Human Services Department  
11512-B Avenue  
Auburn, CA 95603

WEBSITE:  
[www.placer.ca.gov/hhs/access.htm](http://www.placer.ca.gov/hhs/access.htm)

**HOTLINE\*: (888) 886-5401**

Fax: (530) 886-2992

**Plumas County**

Department of Social Services  
270 County Hospital Road, Suite 207  
Quincy, CA 95971

WEBSITE:  
[www.countyofplumas.com/socialservices/socialservices\\_home\\_page.htm](http://www.countyofplumas.com/socialservices/socialservices_home_page.htm)

**HOTLINE\*: (530) 283-6471**

Sheriff's Office: (530) 283-6300 (Night Calls)

Fax: (530) 283-6368

**Riverside County**

Department of Public Social Services  
4060 County Circle Drive  
Riverside, Ca 92503

WEBSITE:  
<http://dpss.co.riverside.ca.us/aps1.htm>

**HOTLINE\*: (800) 491-7123**

Fax: (909) 358-3364

**Sacramento County**

Department of Health and Human Services  
4875 Broadway  
Sacramento, CA 95820

WEBSITE:  
[www.sacdhhhs.com/senior.html](http://www.sacdhhhs.com/senior.html)

**HOTLINE\*: (916) 874-9377**

Fax: (916) 874-9682

**San Benito County**

Health and Human Services Agency  
1111 San Felipe Road, Suite 206  
Hollister, CA 95023

WEBSITE:  
[www.san-benito.ca.us](http://www.san-benito.ca.us)

**HOTLINE\*: (831) 636-4190**

Fax: (831) 637-2910

**San Bernardino County**

Human Services System  
686 East Mill Street  
San Bernardino, CA 92415-0640

WEBSITE:  
<http://hss.sbcounty.gov/daas/Programs/a.htm>

**HOTLINE\*: (877) 565-2020**

Fax: (909) 335-0650

**San Diego County**

Aging and Independence Services  
9335 Hazard Way, Suite 100  
San Diego, CA 92123

WEBSITE:  
[www.ais-sd.net/](http://www.ais-sd.net/)

**HOTLINES\*: (858) 495-5660; (800) 339-4661  
Local\*: (800) 227-0997**

Fax: (858) 495-5247

**San Francisco City and County**

Department of Human Services  
Post Office Box 7988  
San Francisco, CA 94120-7988

WEBSITE:  
[www.ci.sf.ca.us/dhs/aps.htm](http://www.ci.sf.ca.us/dhs/aps.htm)

**HOTLINES\*: (800) 814-0009  
(415) 557-5230**

Fax: (415) 557-5377

**San Joaquin County**

Human Services Agency-Aging and  
Community Services  
Post Office Box 201056  
Stockton, CA 95201

WEBSITE:  
[www.co.san-joaquin.ca.us/aging/direct.htm](http://www.co.san-joaquin.ca.us/aging/direct.htm)

**HOTLINE\*: (888) 800-4800**

Fax: (209) 468-2207

**San Luis Obispo County**

Department of Social Services  
Post Office Box 8119  
San Luis Obispo, CA 93403-8119

WEBSITE:  
[www.slodss.org/adult\\_services/index.htm](http://www.slodss.org/adult_services/index.htm)

**(805) 781-1790**

After Hours: (800) 838-1381

Fax: (805) 788-2512



**San Mateo County**

Department of Health Services  
Aging and Adult Services  
225 37th Avenue  
San Mateo, CA 94403

WEBSITE:  
[www.smhealth.org/aging.html](http://www.smhealth.org/aging.html)

**HOTLINE\*: (800) 675-8437**

Fax: (650) 573-2193

**Santa Barbara County**

Department of Social Services  
234 Camino Del Remedio  
Santa Barbara, CA 93110-1369

WEBSITE:  
[www.countyofsb.org](http://www.countyofsb.org)

**HOTLINE\*: (805) 692-4011**

Fax: (805) 681-4579

Fax: (805) 346-7246

**Santa Clara County**

Social Services Agency  
591 North King Road  
San Jose, CA 95133

WEBSITE:  
<http://santaclaracounty.org/ssa/daas/apshome.htm>

**HOTLINE\*: (800) 414-2002**

Fax: (408) 923-2134

**Santa Cruz County**

Human Resources Agency  
Post Office Box 1320  
Santa Cruz, CA 95061

WEBSITE:  
[www.hra.co.santa-cruz.ca.us/html/aps.html](http://www.hra.co.santa-cruz.ca.us/html/aps.html)

**HOTLINES\*: (866) 580-HELP  
(866) 580-4357**

Fax: (831) 454-4290

**Shasta County**

Department of Social Services  
Post Office Box 496005  
Redding, CA 96049-6005

WEBSITE:  
[www.co.shasta.ca.us/Departments/SocialServices/  
Index.htm#Adult](http://www.co.shasta.ca.us/Departments/SocialServices/Index.htm#Adult)

**HOTLINE\*: (530) 225-5798**

Fax: (530) 245-7693

**Sierra County**

Department of Health and Human Services  
Post Office Box 1019  
Loyalton, CA 96118

WEBSITE:  
[www.sierracounty.ws](http://www.sierracounty.ws)

**HOTLINE\*: (530) 289-3720**

Fax: (530) 993-6767 (Loyalton)

Fax: (530) 289-3716 (Downieville)

**Siskiyou County**

Human Services Department  
490 South Broadway  
Yreka, CA 96097

WEBSITE:  
[www.co.siskiyou.ca.us/humsvc/adult.htm](http://www.co.siskiyou.ca.us/humsvc/adult.htm)

**HOTLINE\*: (530) 842-7009**

Fax: (530) 841-4238

**Solano County**

Department of Health and Social Services  
Older and Disabled Adult Services  
275 Beck Avenue  
PO Box 5050  
Fairfield, CA 94533

WEBSITE:  
[www.co.solano.ca.us/hss/](http://www.co.solano.ca.us/hss/)

**HOTLINE\*: (800) 850-0012**

Fax: (707) 435-2440

**Sonoma County**

Human Services Department  
Post Office Box 4059  
Santa Rosa, CA 95402

WEBSITE:  
[www.sonoma-county.org/human/division.htm#b\\_a](http://www.sonoma-county.org/human/division.htm#b_a)

**HOTLINE\*: (800) 667-0404**

Fax: (707) 565-5969

**Stanislaus County**

Community Services Agency  
Post Office Box 42  
Modesto, CA 95353-0042

WEBSITE:  
[www.stanworks.com/departments/adultservices/  
aps.htm](http://www.stanworks.com/departments/adultservices/aps.htm)

**HOTLINE\*: (800) 336-4316**

Fax: (209) 558-2681

**Sutter County**

Department of Human Services  
Post Office Box 1599  
Yuba City, CA 95991

WEBSITE:  
[www.co.sutter.ca.us/human\\_services/welfare\\_social\\_services/index.htm](http://www.co.sutter.ca.us/human_services/welfare_social_services/index.htm)

**HOTLINE\*: (530) 822-7227**

Fax: (530) 822-7384

**Tehama County**

Department of Social Services  
Post Office Box 1515  
Red Bluff, CA 96080

WEBSITE: N/A

**HOTLINE\*: (800) 323-7711**

Fax: (530) 527-5410

**Trinity County**

Health and Human Services Department  
Post Office Box 1470  
Weaverville, CA 96093-1470

WEBSITE:  
[www.trinitycounty.org](http://www.trinitycounty.org)

**HOTLINE\*: (530) 623-1314**

or (800) 851-5658  
Fax: (530) 623-6628

**Tulare County**

Department of Public Social Services  
3330 West Mineral King Road., Suite A  
Visalia, CA 93291

WEBSITE:  
[www.co.tulare.ca.us](http://www.co.tulare.ca.us)

**HOTLINE\*: (800) 321-2462**

Fax: (559) 740-4347

**Tuolumne County**

Department of Social Services  
20075 Cedar Road North  
Sonora, CA 95370

WEBSITE: N/A

**HOTLINE\*: (209) 533-4357**

Fax: (209) 533-7355; (209) 533-5714

**Ventura County**

Human Services Agency  
505 Poli Street  
Ventura, CA 93003

WEBSITE:  
[www.ventura.org/hsa/htm/adultpro.htm](http://www.ventura.org/hsa/htm/adultpro.htm)

**HOTLINE\*: (805) 654-3200**

Fax: (805) 652-7502

**Yolo County**

Department of Employment  
and Social Services  
500-A Jefferson Boulevard, Suite 100  
West Sacramento, CA 95605

WEBSITE:  
[www.yolocounty.org/org/dess/apsdiv.htm](http://www.yolocounty.org/org/dess/apsdiv.htm)

**HOTLINES\*: (916) 375-6239  
(888) 675-1115**

Fax: (916) 375-6203

**Yuba County**

Health and Human Services Department  
6000 Lindhurst Avenue, Suite 700-C  
P.O. Box 2320  
Marysville, CA 95901

WEBSITE:  
[www.co.yuba.ca.us/departments.html](http://www.co.yuba.ca.us/departments.html)

**HOTLINE\*: (530) 749-6471**

Fax: (530) 749-6244